



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 161216		2. Exact name of the Corporation Creative Vision Design Co., Inc.			
3. Principal Office Address 405 Kilvert Street, Ste. G			City Warwick	State RI	Zip 02886
4. NAICS Code 541430	6. Brief description of the character of business conducted in Rhode Island Graphic Design				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gregory J. Gonsalves			Vice-President Name Dena M. Gonsalves		
Street Address 405 Kilvert Street, Ste. G			Street Address 405 Kilvert Street, Ste. G		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Gregory J. Gonsalves			Treasurer Name Dena M. Gonsalves		
Street Address 405 Kilvert Street, Ste. G			Street Address 405 Kilvert Street, Ste. G		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
200			Common		
			No Par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Gregory J. Gonsalves					Date
Signature of Authorized Representative					FILED MAR 02 2018 BY <u>6412</u>
SIGN DOCUMENT HERE					