State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

Corporation

→ 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	2. Exact name of the Corporation		
161216	Creative Vision Design Co., Inc.		
3. Principal Office Address	City	State	Zip
405 Kilvert Street, Ste. G	Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541430	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Gregory J. Gonsalves	
Signature of Authorized Representative: SIGN DOCUMENT HERE	

FILED
MAR 02 2018
BY 6412

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017