



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>1678297</b>		2. Exact name of the Corporation <b>Awesome Customer Experience Design Corp.</b>			
3. Principal Office Address <b>37D Stone Trail</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>53 1311</b>		6. Brief description of the character of business conducted in Rhode Island <b>Design</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Kevin Catanzaro</b>			Vice-President Name <b>Richard Mooradian</b>		
Street Address <b>44 Rockland Ave</b>			Street Address <b>37D Stone Trail</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Richard Mooradian</b>			Treasurer Name <b>Kevin Catanzaro</b>		
Street Address <b>37D Stone Trail</b>			Street Address <b>44 Rockland Ave</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Kevin Catanzaro</b>			Director Name <b>Richard Mooradian</b>		
Street Address <b>44 Rockland Ave</b>			Street Address <b>37D Stone Trail</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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 <input type="checkbox"/>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>100</b>	<b>Common</b>	<b>.0100</b>	
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. <i>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.</i>					
Name of Authorized Representative				Date	
				<b>5/18/18</b>	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

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

**FILED**  
 MAY 23 2018  
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