



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.

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STATE

1. Entity ID Number 000147381		2. Exact name of the Corporation Arsenal Design, Inc.												
3. Principal Office Address 4548 Turnberry Ct.			City Plano	State TX	Zip 75024									
4. NAICS Code 541890 54 - Professional, Scientific, and		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 <input type="checkbox"/>														
President Name Mark Raebel			Vice-President Name none											
Street Address 4548 Turnberry Ct.			Street Address											
City Plano	State TX	Zip 75024	City	State	Zip									
Secretary Name Audra Raebel			Treasurer Name Audra Raebel											
Street Address 4548 Turnberry Ct.			Street Address 4548 Turnberry Ct.											
City Plano	State TX	Zip 75024	City Plano	State TX	Zip 75024									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name none			Director Name none											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>STK</td> <td>100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	STK	100			
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1,000	STK	100												
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 Mark Raebel				Date 5/25/18										
Signature of Authorized Representative <i>Mark S. Raebel</i>				FILED 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

JUN 04 2018

BY *Ch* **331959**