



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2013**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
STAMP2018 JUN 29 AM 11:19  
FOR SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000130717		2. Exact name of the Corporation Creative Photography by Jeanne Hauser Incorporated			
3. Principal Office Address 82 Kennedy Lane		City Harrisville		State RI	Zip 02830
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island For all types of photography			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jeanne E. Hauser		Vice-President Name			
Street Address 82 Kennedy Lane		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		3		STK	0.00
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. <b>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.</b>					
Name of Authorized Representative Jeanne E. Hauser					Date 6/19/18
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

SEP 20 2018

BY

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FORM 630 - Revised: 10/2017