



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 144950		2. Exact name of the Corporation MAD Creative, Inc.			
3. Principal Office Address 150 Chestnut Street			City Providence	State RI	Zip 02903
4. NAICS Code 541430		6. Brief description of the character of business conducted in Rhode Island To engage in graphic design			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michele T. Aucoin-Paciorek			Vice-President Name Michele T. Aucoin-Paciorek		
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michele T. Aucoin-Paciorek			Treasurer Name Michele T. Aucoin-Paciorek		
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michele T. Aucoin-Paciorek			Director Name		
Street Address 150 Chestnut Street			Street Address		
City Providence	State RI	Zip 02903	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 <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
		10		Common	No Par Value
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 <i>Michele Aucoin-Paciorek</i>					Date <i>1/22/19</i>
Signature of Authorized Representative <i>Michele T. Aucoin-Paciorek</i>					SIGN DOCUMENT HERE FILED <i>su</i>

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

FEB 08 2019

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