RI SOS Filing Number: 202033162650 Date: 1/23/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

Penalty: Additional \$25.00 fe	e ii torm is not ii	ilea oy April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
000155589	GLOBAL VIEW COMMUNICATIONS, INC.						
3. Principal Office Address			City	City		Zip	
163 EXCHANGE STREET, SUITE 303			PAWTUCKET	•	RI	02860	
4. NAICS Code	6. Brief descripti	ion of the charac	ter of business cor	nducted in Rhode Isl	and	· · · · · · · · · · · · · · · · · · ·	
541800	MARKETING AND ADVERTISING DESIGN SERVICES.						
5. State of Incorporation	1						
RHODE ISLAND	ļ						
7. List ALL officers (names and add	resses)			Check th	ne box to indic	cate an attachment	
President Name GREG ALMIEDA	Vice-President N	Vice-President Name GREG ALMIEDA					
Street Address 24 VALLEY VIEW DI	Street Address 24 VALLEY VIEW DRIVE						
City GREENVILLE	State RI	^{Žip} 02828	City GREENVILLE		State RI	^{Zip} 02828	
Secretary Name GREG ALMIEDA			Treasurer Name GREG ALMIEDA				
Street Address 24 VALLEY VIEW DRIVE			Street Address 24 VALLEY VIEW DRIVE				
City GREENVILLE	State RI	^{Zip} 02828	City GREENVILLE		State RI	^{Zip} 02828	
8. List ALL directors (names and ac	ldresses)		<u> </u>	Check ti	ne box to indi	cate an attachment 🔲	
Director Name GREG ALMIEDA			Director Name				
Street Address 24 VALLEY VIEW DRIVE			Street Address				
City GREENVILLE	State RI	Zip 02828	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check to	Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER O	F SHARES	CLASS/SERIES PAR VALU		PAR VALUE	
		8,000		CWP	CWP		
Changes require an additional filing.							
11. This report must be executed or	n behalf of the co	rporation by an a	authorized represe	ntative. If the corpor	ation is in the	hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	e corporation by	the receiver or trus	stee.			
Under penalty of perjury, I declar statements, and that all statemen				cluding any accomp	oanying sche	edules and	
Name of Authorized Representative					Date /		
GREG ALMIEDA, PRESIDENT			rii ei	1	[/21]	2020	
Signature of Authorized Represent	ative	SIGN DO	CUMENT HERE	~~ VM	1 1		
<u> </u>	- -		JAN 2 3	2020 1/1/			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

STAMP

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