



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2020**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 789661		2. Exact name of the Corporation Promeo Creative Media, Inc.			
3. Principal office address PO Box 7221		City Chandler	State AZ	Zip 85246	
4. Business Phone No. 480-495-0862		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Search Engine Optimization Business 541613					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David A. Grande			Vice-President Name David A. Grande		
Street Address PO Box 7221			Street Address PO Box 7221		
City Chandler	State AZ	Zip 85246	City Chandler	State AZ	Zip 85246
Secretary Name David A. Grande			Treasurer Name David A. Grande		
Street Address PO Box 7221			Street Address PO Box 7221		
City Chandler	State AZ	Zip 85246	City Chandler	State AZ	Zip 85246
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David A. Grande			Director Name		
Street Address PO Box 7221			Street Address		
City Chandler	State AZ	Zip 85246	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	CNP	0.0010

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

David A. Grande

Signature of Authorized Representative

Date

David A. Grande

Print or Type Name of Authorized Representative

BY *3124 WT*
A.A.