RI SOS Filing Number: 202193668090 Date: 3/5/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

MAR 5 2021 STARE

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Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

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

Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
000161216		Creative Vision Design Co., Inc.						
3. Principal Office Address			City		State	Zip		
21 College Hill Road			Warwick		RI	02886		
4. NAICS Code	I6 Brief desc	rintion of the charac	cter of business	conducted in Rhode	Island			
541430		Brief description of the character of business conducted in Rhode Island						
	Graphic De	Graphic Design						
5. State of Incorporation	ŀ							
RI	i							
7. List ALL officers (names a	nd addresses)	<u> </u>		Check	the box to in	idicate an attachment 🔲		
President Name Gregory J. Gonsalves			Vice-President Name Dena M. Gonsalves					
Street Address								
Street Address 21 College Hill Road			Street Address 21 College Hill Road					
City Warwick	State RI	Zip 02886	City Warwic		State RI	Zip 02886		
		02886				02886		
Secretary Name Gregory J. Gonsalves			Treasurer Name Dena M. Gonsalves					
Street Address 21 College Hill Road			Street Address 21 College Hill Road					
	Ictato	I7io	1					
City Warwick	State RI	^{Zip} 02886	City Warwic	:k	State RI	^{Zip} 02886		
8. List ALL directors (names	and addresses)		1		the box to in	ndicate an attachment 🔲		
Director Name None			Director Name	9				
Street Address			Charat Andrea		 			
Sireer Address			Street Addres	is				
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Addres	Deci Astron				
Ollect Modicsa			Sheer Addres	15				
City	State	Zip	City		State	Ζιρ		
9. Shares Authorized		10 Shares les	Supplement of the supplement o	Charle	the bay to is	digete en ettechment 🗖		
This Information is currently of record in the			10. Shares Issued NUMBER OF SHARES		:s	ndicate an attachment PAR VALUE		
Department of State.		200		Common		No Par		
Changes require an additiona	l filing.			 				
11. This report must be exec					oration is in t	he hands of a receiver or		
trustee, this report must be e						des Pilitas and		
Under penalty of perjury, I statements, and that all sta	geciare ang aπirm Stements contained	tnat i nave examin I horoin are true ai	iea this report, i nd correct	including any accol	mpanying so	nedules and		
Name of Authorized Represe	entative	merem die nde di	io correct.		Date	, ,		
Gregory J. Gonsalves		2/26/21						
Signature of Asthorized Rep	resentative	4	·		1 /			
The	17.7							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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