



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
STAMP
FOR
SECRETARY OF STATE
USE ONLY

2023 APR 26 A 9 56

1. Entity ID Number 000054593		2. Exact name of the Corporation ROBERT FALCONE DESIGN, INC.												
3. Principal Office Address 24 SALT POND ROAD, STE. C8			City SOUTH KINGSTOWN	State RI	Zip 02879									
4. NAICS Code 541430		6. Brief description of the character of business conducted in Rhode Island PRODUCING, BUYING, SELLING, ARTWORK, ILLUSTRATIONS, PHOTOGRAPHS, THE GRAPHIC ARTS BUSINESS.												
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 ROBERT FALCONE			Vice-President Name ROBERT FALCONE											
Street Address 24 SALT POND ROAD, STE. C8			Street Address 24 SALT POND ROAD, STE. C8											
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879									
Secretary Name ROBERT FALCONE			Treasurer Name ROBERT FALCONE											
Street Address 24 SALT POND ROAD, STE. C8			Street Address 24 SALT POND ROAD, STE. C8											
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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 ROBERT FALCONE, PRESIDENT			FILED		Date 3/8/2023									
Signature of Authorized Representative 														

APR 26 2023
BY 115861
9:56