

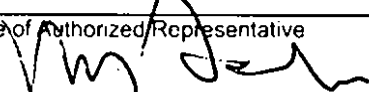


State of Rhode Island  
**Department of State - Business Services Division**

**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 STAMP**  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 FOR SECRETARY OF STATE USE ONLY  
 2023 APR 26 A 9 56

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

APR 26 2023  
 BY 115861  
 9:56