



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation \_\_\_\_\_

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

DEC 18 2023

BY

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DS

1. Entity ID Number 000155589	2. Exact name of the Corporation GLOBAL VIEW COMMUNICATIONS, INC.
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3. Principal Office Address 163 EXCHANGE STREET, SUITE 303	City PAWTUCKET	State RI	Zip 02860
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4. NAICS Code 541800	6. Brief description of the character of business conducted in Rhode Island DIVERSITY, EQUITY AND INCLUSION SOLUTIONS, MARKETING AND ADVERTISEMENT DESIGN SERVICES.
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GREG ALMIEDA			Vice-President 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
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 addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 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"/>	
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	8,000	CWP	\$0.01

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 GREG ALMIEDA, PRESIDENT	Date 12/18/23
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Signature of Authorized Representative 
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov