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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.

1. Entity ID Number	2. Exact name of the Corporation			
001708747	NORTH STREET CREATIVE INC.			
3. Principal Office Address		City	State	Zip
225 Dyer Street - 2nd Fl		Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541430	GRAPHIC DESIGN AND CONSULTING			
5. State of Incorporation				
NY				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas Conlon			Vice-President Name:		
Street Address: 225 DYER STREET, 2ND FLOOR			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Thomas Conlon			Director Name:		
Street Address: 225 DYER STREET, 2ND FLOOR			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02903	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	CNP	n/a
Changes require an additional filing.			

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	Date
Thomas Conlon	09/04/2024

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 26 2024
BY HDCSM
AA. 12:05 P.M.