



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 45580		2. Name of Corporation DESIGN-AIRE, INC.		
3. Street Address Principal Business Office 60 KINDERGARTEN STREET			City WOONSOCKET	State RI
			Zip 02895-00584	
4. Business Phone No. 401-766-3160		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island SHEET METAL CONTRACTORS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JEAN AUTHIER		Vice President Name MICHELLE AUTHIER		
Street Address 124 SAYLES HILL ROAD		Street Address 124 SAYLES HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI
Secretary Name MICHELLE AUTHIER		Treasurer Name JEAN AUTHIER		
Street Address 124 SAYLES HILL ROAD		Street Address 124 SAYLES HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JEAN AUTHIER		Director Name MICHELLE AUTHIER		
Street Address 124 SAYLES HILL ROAD		Street Address 124 SAYLES HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
600 COMM NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class/Series
			300	COMMON
				NO PAR

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.

<b>FILED</b>	
File Date	FEB 27 2008
Check No.	By 1673
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: *[Signature]* Date: 2-25-08  
**JEAN AUTHIER**  
 Print or Type Name  
**PRESIDENT**  
 Title