



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 12300		2. Name of Corporation MALCOLM GREAR DESIGNERS, INC.	
3. Street Address Principal Business Office 391-393 EDDY STREET		City PROVIDENCE	State RI
		Zip 02903	
4. Business Phone No. 4013312891		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island DESIGNERS			

7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Patricia Appleton			Vice President Name Joel M. Grear		
Street Address 391-393 Eddy Street			Street Address 391-393 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Bruce R. Ruttenberg			Treasurer Name Joel M. Grear		
Street Address One Park Row, Suite 300			Street Address 391-393 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Malcolm Grear			Director Name Joel M. Grear		
Street Address 391-393 Eddy Street			Street Address 391-393 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Patricia Appleton			Director Name None		
Street Address 391-393 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip

9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE			100 (Voting)	Class A	No Par Value
			900 (Non-Voting)	Class B	No Par Value

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.



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FILED

File Date

MAR 28 2008

Check No.

By **5767 ICM**

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 **Joel M. Grear** Date **2-27-08**

Print or Type Name

Vice President

Title

MALCOLM GREAR DESIGNERS, INC.

2008 Annual Report

Addendum

8. NAMES AND ADDRESSES OF THE OFFICERS			
Chief Executive Officer			
Malcolm Grear			
STREET ADDRESS 391-393 Eddy Street			STREET ADDRESS
CITY Providence	STATE RI	ZIP CODE 02903	CITY STATE ZIP CODE