



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. 102572		2. Name of Corporation R & R DESIGN INC.			
3. Street Address Principal Business Office 55 ELMGROVE AVENUE			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401-274-0511		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide design services to individuals, partnerships, corporations and other entities.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT C. ROBERTSON			Vice President Name RUCKER D. WITCHER		
Street Address 55 ELMGROVE AVENUE			Street Address 55 ELMGROVE AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name ROBERT C. ROBERTSON			Treasurer Name RUCKER D. WITCHER		
Street Address 55 ELMGROVE AVENUE			Street Address 55 ELMGROVE AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 1,000	Class/Series COMM	Par Value \$1.00	Number of Shares 100	Class/Series COMM	Par Value \$1.00

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.

Signature _____ Date _____
Robert C. Robertson
Print or Type Name
President
Title

FILED
File Date **APR 08 2008**
Check No. **By 02231890**
By _____
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