



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 2009**

**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.<br>116429  |             | 2. Name of Corporation<br>DESIGN WEST, INC. |   |                        |                     |
| 3. Street Address Principal Business Office<br>116 Granite Street  |             |   | City<br>Westerly  | State<br>RI            | Zip<br>02891        |
| 4. Business Phone No.<br>401-596-2979  |             | 5. State of Incorporation<br>Rhode Island   |   |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>engage in the business of kitchen design and the sale of gourmet food products and kitchen related ware |             |   |   |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |   |   |                        |                     |
| President Name<br>Susan M. West  |             |   | Vice President Name<br>Joshua M. West                               |                        |                     |
| Street Address<br>16 Hiscox Road   |             |   | Street Address<br>16 Hiscox Road                                    |                        |                     |
| City<br>Westerly   | State<br>RI | Zip<br>02891                                | City<br>Westerly  | State<br>RI            | Zip<br>02891        |
| Secretary Name<br>Susan M. West  |             |   | Treasurer Name<br>Susan M. West                                     |                        |                     |
| Street Address<br>16 Hiscox Road   |             |   | Street Address<br>16 Hiscox Road                                    |                        |                     |
| City<br>Westerly   | State<br>RI | Zip<br>02891                                | City<br>Westerly  | State<br>RI            | Zip<br>02891        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |             |   |   |                        |                     |
| Director Name<br>Susan M. West   |             |   | Director Name<br>Joshua M. West                                     |                        |                     |
| Street Address<br>16 Hiscox Road   |             |   | Street Address<br>16 Hiscox Road                                    |                        |                     |
| City<br>Westerly   | State<br>RI | Zip<br>02891                                | City<br>Westerly  | State<br>RI            | Zip<br>02891        |
| Director Name  |             |   | Director Name   |                        |                     |
| Street Address   |             |   | Street Address  |                        |                     |
| City   | State       | Zip   | City  | State                  | Zip                 |
| 9. SHARES AUTHORIZED   |             |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.                             |             |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                     |
|  |             |   | Number of Shares<br>100   | Class/Series<br>common | Par Value<br>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                       | JAN 16 2009     |
| Check No.                       |                 |
| By:                             | By: <u>4077</u> |
| 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.

Susan M. West 1-15-'09  
Signature Date  
Susan M. West  
Print or Type Name  
President  
Title