



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. 116429		2. Name of Corporation DESIGN WEST, INC.			
3. Street Address Principal Business Office 116 Granite Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-2979		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island 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 Susan M. West			Vice President Name Joshua M. West		
Street Address 16 Hiscox Road			Street Address 16 Hiscox Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Susan M. West			Treasurer Name Susan M. West		
Street Address 16 Hiscox Road			Street Address 16 Hiscox Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Susan M. West			Director Name Joshua M. West		
Street Address 16 Hiscox Road			Street Address 16 Hiscox Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 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 100	Class/Series common	Par Value 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.

FILED	
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