

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 subject to a penalty fee of \$25.00.	?-1501(e), each corporation	failing or refusing to file its and	nual report within thirty (30) day	is after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 33924		2. Name of Corporation Arris Design, Inc.				
3. Street Address Principal Business 14 IMPERIAL PLACE,	pal Business Office PLACE, SUITE 302		PROVIDENCE	State RI	<i>Ζι</i> ρ <b>02303</b>	
401-274-4438 R		5. State of Incorporation Rhode Island	node Island			
6. Brief Description of the Characte To provide architectural ar	nd design services ar	nd other lawful purposes				
7. NAMES AND ADDRESSE	s of the officers	5: ("X" BOX FOR ATTA	_	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Robert Ornstein			Alfred Oakes			
Street Address 14 Imperial Place, Suite 302			Street Address 14 Imperial Place, Suite 302			
City Providence	State RI	<sup>Zip</sup> 02903	Providence	State RI	02903	
Secretary Name Alfred Oakes			Treasurer Name Scott Weymouth			
Street Address 14 Imperial Place, Suite 302			Street Address 14 Imperial Place, Suite 302			
City Providence	State RI	<sup>Ζip</sup> 02903	Providence	State RI	<sup>Дір</sup> 02903	
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT		SPACES BEFORE USIN	G ATTACHMENTS	
NONE Street Address			Director Nume Street Address			
						City
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is aureant	ly of record in the Of	fice of the Secretary of	Number of Shares	Class/Series	Par Value	
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.			300	Common	No Par Value	
This report must be execute this report must be executed	d on behalf of the cor	rporation by an authorize poration by the receiver	ed representative. If the co or trustee.	orporation is in the hand	s of a receiver or trustee,	
			Under negality of pe	eriury. I declare and affirm	that I have examined this repor	

FILED
File Date JAN 2 8 2009
Check Not34
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, ) declare and affirm that I have examined this repo	
including any accompanying schedules and statements, and that all statement	its
contained herein are true and correct.	
1/0P 1/200 1/209	
Signature Date	
Robert Ornstein	
Print or Type Name	
President	
Title	_