

6. Brief Description of the Character of Business Conducted in Rhode Island SHEET METAL CONTRACTORS

1. Corporate ID No. **45580**

r Business Phone No

401-766-3160

Street Address Principal Business Offi

60 KINDERGARTEN STREET

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

Zip

02895

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation

RHODE ISLAND

2. Name of Corporation DESIGN-AIRE, INC.

2009

State

RΙ

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.

WOONSOCKET

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JEAN AUTHIER			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name MICHELLE AUTHIER		
Street Address 124 SALYES HILL ROAD			Street Address 124 SALYES HILL ROAD		
NORTH SMITHFIELD	State RI	^{Zip} 02896	CU) NORTH SMITHFIELD	State RI	^{Zip} 02896
Secretary Name MICHELLE AUTHIER			Treasurer Name JEAN AUTHIER		
Novel Address 124 SALYES HILL ROAD			Street Address 124 SALYES HILL ROAD		
NORTH SMITHFIELD	State RI	^{Zip} 02896	City NORTH SMITHFIELD	State RI	7.ip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name JEAN AUTHIER			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name MICHELLE AUTHIER		
Street Address 124 SALYES HILL ROAD			Street Address 124 SALYES HILL ROAD		
NORTH SMITHFIELD	State RI	Ζίμ» 02896	City NORTH SMITHFIELD Director Name	Siate RI	^{Zip} 02896
Street Address			Street Address		
СИр	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED	I	l	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		IMENT) [
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.			Number of Shares	Class/Series	Par Value
			300	COMMON	NO PAR
This report must be executed this report must be executed File Date Check No. By:	on behalf of the		Under penalty of perjury	Lecture and affirm the ting schedules and star and correct.	that I have examined this report tements, and that all statement
FOR SECRETARY OF ST	ATE USE ONLY		Title		Form 630 Rev. 08/08