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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.	2. Name of Corporation			
153870	Yurman Design Inc.			
3. Street Address Principal Business Office		City	State	Zip
24 Vestry Street		New York	NY	10013
4. Business Phone No.	5. State of Incorporation			
(212) 896-1550	New York			

6. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Sybil Yurman			Scott Vogel		
Street Address			Street Address		
24 Vestry Street			24 Vestry Street		
City	State	Zip	City	State	Zip
New York	NY	10013	New York	NY	10013
Secretary Name			Treasurer Name		
Scott Vogel			Scott Vogel		
Street Address			Street Address		
24 Vestry Street			24 Vestry Street		
City	State	Zip	City	State	Zip
New York	NY	10013	New York	NY	10013

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
David Yurman			Sybil Yurman		
Street Address			Street Address		
24 Vestry Street			24 Vestry Street		
City	State	Zip	City	State	Zip
New York	NY	10013	New York	NY	10013
Director Name			Director Name		
None			None		
Street Address			Street Address		
None			None		
City	State	Zip	City	State	Zip
None	None	None	None	None	None

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Commom	0.000
None	None	None

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.

[redacted] [redacted]

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.

Scott Vogel — 2/11/09
Signature — *Date*

Scott Vogel
Print or Type Name

[redacted] CFO / VP - Finance / Secretary
Title

FILED
File Date FEB 17 2009
Check No. By 586479
By:
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31257-11-348448

Form 630 Rev. 08/08