State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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
114790	SIDESIGN, INC.

3. Street Address Principal Business Office	City	State	Zip
26 Corey Avenue	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation
401-884-6944	Rhode Island

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

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

President Name	Street Address	City	State	Zip
Kristina A. Stark	26 Corey Avenue	East Greenwich	RI	02818

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Kristina A. Stark	26 Corey Avenue	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Kristina A. Stark	26 Corey Avenue	East Greenwich	RI	02818

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

Director Name	Street Address	City	State	Zip
Kristina A. Stark	26 Corey Avenue	East Greenwich	RI	02818

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
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
100	Common	No Par Value

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]

File Date 2-24-09
Check No. 1640
By: MNC

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature [signature] *Date* 2/23/09

Kristina A. Stark
Print or Type Name

[redacted] President