RI SOS Filing Number: 200944843840 Date: 04/06/2009 4:00 PM

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
96154	Exnihilo Design, Inc.

3. Street Address Principal Business Office	City	State	Zip
2 CHARLES STREET	PROVIDENCE	RI	02904

4. Business Phone No.	5. State of Incorporation
401-624-8277	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Operation of a Business Communication Design Business

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

President Name	Vice President Name
Steven A. Graceffa	none
Street Address: 2 Charles Street	Street Address:
City: Providence; State: RI; Zip: 02904	City: ; State: ; Zip:
Secretary Name: Steven A. Graceffa	Treasurer Name: ~~Wayne F. Dreese~~ Steven A. Graceffa
Street Address: 2 Charles Street	Street Address: ~~74 Canon Forge~~ Drive 2 Charles St.
City: Providence; State: RI; Zip: 02904	City: ~~Foxborough~~ Providence; State: ~~MA~~ RI; Zip: ~~02065~~ 02904

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

Director Name	Director Name
n/a	
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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
~~300~~ 135	Common	$1.00

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]

File Date 4-6-09
Check No. 21086
By: mnc
32265-5-359557

FOR SECRETARY OF STATE USE ONLY

RECEIVED
2009 APR -6 AM 11:24
SECRETARY OF STATE
CORPORATIONS DIV

[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 1.9.09 Date

Steven A. Graceffa
Print or Type Name

President
Title

Form 630 Rev. 08/08