

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 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

			103 - 3 - 3 - 4		of a receiver or trustee,
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.			4,000	Common	No Par Value
			Number of Shares	Class/Scries	Par Value
9. SHARES AUTHORIZED			ISSUED SHARES — THIS SEC		
City	State	Zip	Сиу	State	Zip
Street Address			Street Address		
Director Name			Director Name		
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name		And the street of the street o	Director Name	tion of the second section is a second s	
Providence 8. NAMES AND ADDRESSE	RI S OF THE DIR	02903 ECTORS: ("X" BOX FOR AT	Providence	RI SPACES BEFORE USIN	02903
City	State	Zip	City	State	Zip
389 Benefit Street			Street Address 389 Benefit Street		
Pamela 0. Kueh	1		Pamela O. Kuehl		
Secretary Name			Treusurer Name		02903
City Providence	State RI	<i>z</i> φ 02903	City Providence	State RI	Zip 02002
389 Benefit Street			389 Benefit Street		
Pamela O. Kuehl Street Address			Pamela O. Kuehl Street Address		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA			Vice President Name		
Graphic and De	sign Serv	ices 'ices			
401-/51-5332 Rhode Is1 6. Brief Description of the Character of Business Conducted in Rhode Island			and		
4. Business Phone No. 5. State of Incorporation 8 Rhode Is 1			2 m d		
389 Benefit Street			Providence	RI	02903
3. Street Address Principal Busines	s Office	ia v. Kueni Designe	rs, inc.	State	Zip
38465	2. Name of Corporation Pamela O. Kuehl Designers, Inc.				

File Date	FILED	
Check No.	JAN 15 2010	<u> </u>
Ву:	By 1-248	
F	OR SECRETARY OF STATE USE ONLY	_

Under penalty of perjury, I declare a	and affirm that I have examined this report,
including any accompanying schedu	ules and statements, and that all statements
contained herein are true and correct	
Kund	1.14.10
Signature	Date
Pamela O. Kuehl	
Print or Type Name	
President	
Title	

Form 630 Rev. 08/08