

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 $\frac{2009}{}$

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(e&d)) is subject to a benalty fee of \$25.00.

1. Corporate ID No. 91274		2. Name of Corporation Hwang Bishop Designs, Ltd.				
3. Street Address Principal Business Office 30 Cutler Street			City Warren	State RI	^{Zip} 02885	
4. Business Phone No. 401-245-9557		5. State of Incorporate Rhode Island	poration			
6. Brief Description of the Charac To manufacture, Design			franchise dealer licensee,fu	miture and accessories		
7. NAMES AND ADDRESS			ATTACHMENT) [FILL IN		ATTACHMENTS	
President Name Felicia Hwang Bishop			Vice President Name	Vice President Name		
Street Address 467 Washington Rd			Street Address			
City Barrington	State RI	^{Zip} 02806	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	120				
		Zip	City	State	Ζίρ	
8. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL I	n spaces before usin	G ATTACHMENTS	
Felicia Hwang Bishop			Director Name Mars Jonathan Bishop			
Street Address 467 Washington Rd			Street Address AG7 Washington Rd			
City	State	Zip	467 Washington R	Q State	Ζip	
Barrington Director Name	RI	02806	Barrington Director Name	RI	02806	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series		Par Value	Number of Shares	Class/Series	Par Value	
1,000 no par value			100	common	no par	
This report must be execute this report must be execute	ed on behalf of the	corporation by an autho	orized representative. If the	corporation is in the hand	s of a receiver or trustee,	
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			Lindar manaless of			
FILEL	}		including any acc	perjury, I declare and aftirm to ompanying schedules and stature true and correct.	that I have examined this report atements, and that all statement	
File Date FEB 02 20	110		Fali	17 Bir	9/21/09	
Check No. 34	41		Signature		Date /	
Ву:	1.1		Felicia H. Bis			
FOR SECRETARY OF STATE USE ONLY			President	<u> </u>		
* OWNER THE TOTAL OF A	THE COLUMN T	ī	Tiela			