

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. 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 \* 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 36 360 WOODING DESIGN, LTD 3. Street Address Principal Business Office State 369 IV65 57. R. 1. PROVIDENCE 02906 4. Business Phone No. 5. State of Incorporation (401) 454-1744 ISLAND RHODE 6. Brief Description of the Character of Business Conducted in Rhode Island

INTERIOR / INDUSTRIAL DES SERVICES DESIGN 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name TO ANN WOODING PETER WOODING Street Address ARNO4 57: PROVIDENCE R. 1. 02-906 PROVIDENCE R. 1. 02906 Secretary Nam Treasurer Name WOODING WOODING 20 YNN Street Address Street Address MEDWAY 28 ARNOLD 57: PROVIDENCE 02906 72.1. PROVIDENCE P. (. 02906 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State City State Zib Director Name Director Name Street Address Street Address City State City State Zip9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 300 NO PAR COMMON MALLEY DE LOCK THE SECTIO 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.

File Date	FILED	
Check No.	FEB 1 6 2010	
Ву:	AV 6995	
F	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare an including any accompanying schedule contained herein are true and correct.	d affirm that I have examined this report, es and statements, and that all statements
Johnnewor	2/10/10
Jo Am Wooding	C) Date
Print or Type Name PLESIZENT - TREASURER	
Title	