



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. 36360		2. Name of Corporation WOODING DESIGN, LTD.		
3. Street Address Principal Business Office 369 IVES ST.		City PROVIDENCE	State R.I.	Zip 02906
4. Business Phone No. (401) 454-1744		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island INTERIOR / INDUSTRIAL DESIGN SERVICES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JO ANN WOODING		Vice President Name PETER WOODING		
Street Address 28 ARNOLD ST.		Street Address 28 ARNOLD ST.		
City PROVIDENCE	State R.I.	Zip 02906	City PROVIDENCE	State R.I.
Secretary Name ROBERT WOODING		Treasurer Name JO ANN WOODING		
Street Address 5 MEDWAY ST.		Street Address 28 ARNOLD ST.		
City PROVIDENCE	State R.I.	Zip 02906	City PROVIDENCE	State R.I.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares 300	Class/Series COMMON
				Par Value NO PAR
THIS SECTION MUST BE COMPLETED				

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.

FILED

File Date **FEB 16 2010**

Check No. **RV 6995**

By: _____

FOR SECRETARY OF STATE USE ONLY

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

JoAnn Wooding **2/10/10**

Signature **JO ANN WOODING** Date

Print or Type Name
PRESIDENT - TREASURER

Title