



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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. 99083		2. Name of Corporation DENIS LEONTI DESIGN, LTD.			
3. Street Address Principal Business Office 51 Viking Drive			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-529-8527		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Interior design and consulting, sales of artwork, interior furnishings, floor installations, repair and refinishing.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Denis M. Leonti			Vice President Name Denis M. Leonti		
Street Address 51 Viking Drive			Street Address 51 Viking Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Denis M. Leonti			Treasurer Name Denis M. Leonti		
Street Address 51 Viking Drive			Street Address 51 Viking Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			50	Common	No Par Value

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 _____
Check No. FEB 04 2011
By 4780
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.

Signature _____ Date **1/28/11**
 Denis M. Leonti
 Print or Type Name
 President
 Title