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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)(1)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
113540	LOGICA DESIGN, INC.

3. Street Address Principal Business Office	City	State	Zip
369 South Main Street	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation
401-521-3100	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To make, design, and fabricate all types and kinds of graphic RT designs, logo and related artwork for commercial, industrial and personal use

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert Lukens	392 Benefit Street	Providence	RI	02903

Vice President Name	Street Address	City	State	Zip
Scott Clark	150 Major Potter Road	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Robert Lukens	392 Benefit Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Scott Clark	150 Major Potter Road	Warwick	RI	02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Robert Lukens	392 Benefit Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Scott Clark	150 Major Potter Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1,000	Common	None

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.

[redacted]

[redacted]

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* 2/9/11

Scott Clark
Print or Type Name

[redacted] Vice President
Title

File Date FILED

Check No. FEB 11 2011

By: BY 10152

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