



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000114345		2. Exact name of the Corporation Ahlers Designs, Inc.			
3. Principal office address 1005 Main Street Unit 707			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-365-1010			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Design, manufacture, sell and distribute items related to jewelry, gifts, housewares, etc.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gail Ahlers			Vice-President Name Gail Ahlers		
Street Address 22 Bond Road			Street Address 22 Bond Road		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Gail Ahlers			Treasurer Name Gail Ahlers		
Street Address 22 Bond Road			Street Address 22 Bond Road		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000	Common	No Par

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 03 2012
 Check No 1456
 By GA

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] **02/02/2012**
 Signature of Authorized Representative Date

Gail Ahlers
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY