

**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 2012

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. 000038465		2. Name of Corporation Pamela O. Kuehl Designers, Inc.			
3. Street Address Principal Business Office 389 Benefit Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-751-5332		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)			FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name Pamela O. Kuehl			Vice President Name Pamela O. Kuehl		
Street Address 389 Benefit Street			Street Address 389 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Pamela O. Kuehl			Treasurer Name Pamela O. Kuehl		
Street Address 389 Benefit Street			Street Address 389 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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	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)		
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 4000	Class/Series Common	Par Value 0

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 15 2012
Check No.	1356
BY	<i>[Signature]</i>
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]
Signature _____ Date _____
Pamela O. Kuehl
Print or Type Name
President
Title