



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.<br>73237   |             | 2. Name of Corporation<br>Design East Corporation |   |                        |                      |
| 3. Street Address Principal Business Office<br>24 Staci Drive  |             |   | City<br>Bridgewater   | State<br>MA            | Zip<br>02324         |
| 4. Business Phone No.<br>(508) 697-2372  |             | 5. State of Incorporation<br>Rhode Island         |   |                        |                      |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>graphic design  |             |   |   |                        |                      |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                        |                      |
| President Name<br>Peter van Colen  |             |   | Vice President Name<br>None   |                        |                      |
| Street Address<br>24 Staci Drive   |             |   | Street Address  |                        |                      |
| City<br>Bridgewater  | State<br>MA | Zip<br>02324                                      | City  | State                  | Zip                  |
| Secretary Name<br>None   |             |   | Treasurer Name<br>None  |                        |                      |
| Street Address   |             |   | Street Address  |                        |                      |
| City   | State       | Zip   | City  | State                  | Zip                  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                        |                      |
| Director Name<br>None  |             |   | Director Name<br>None   |                        |                      |
| Street Address   |             |   | Street Address  |                        |                      |
| City   | State       | Zip   | City  | State                  | Zip                  |
| Director Name<br>None  |             |   | Director Name<br>None   |                        |                      |
| 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<br>100   | Class/Series<br>Common | Par Value<br>\$1 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 MAR 02 2012  
 Check No. By: [Signature]  
 By: 5242  
 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] 2/28/2012  
 Signature Date  
 Peter van Colen  
 Print or Type Name  
 President  
 Title