



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

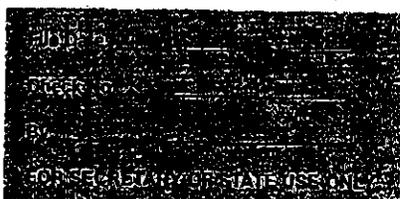
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.<br><b>747959</b>  |                    | 2. Exact name of the Corporation<br><b>Designs By Lolita Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>161 Exchange Street, Unit 3</b>  |                    |   | City<br><b>Pawtucket</b>                             | State<br><b>RI</b> | Zip<br><b>02860</b> |
| 4. Business Phone No.  |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>     |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Design, manufacturing and sale of specialty glassware.</b>               |                    |   |  |                    |                     |
| <b>LIST OF OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>   |                    |   |  |                    |                     |
| President Name<br><b>Tracy Lolita Healy</b>  |                    |   | Vice-President Name<br><b>n/a</b>                    |                    |                     |
| Street Address<br><b>161 Exchange Street, Unit 3</b>   |                    |   | Street Address                                       |                    |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02860</b>   | City   | State              | Zip                 |
| Secretary Name<br><b>Tracy Lolita Healy</b>  |                    |   | Treasurer Name<br><b>Tracy Lolita Healy</b>          |                    |                     |
| Street Address<br><b>161 Exchange Street, Unit 3</b>   |                    |   | Street Address<br><b>161 Exchange Street, Unit 3</b> |                    |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02860</b>   | City<br><b>Pawtucket</b>                             | State<br><b>RI</b> | Zip<br><b>02860</b> |
| <b>LIST OF DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)</b>  |                    |   |  |                    |                     |
| Director Name<br><b>Tracy Lolita Healy</b>   |                    |   | Director Name  |                    |                     |
| Street Address<br><b>161 Exchange Street, Unit 3</b>   |                    |   | Street Address                                       |                    |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02860</b>   | City   | State              | Zip                 |
| Director Name  |                    |   | Director Name  |                    |                     |
| Street Address   |                    |   | Street Address                                       |                    |                     |
| City   | State              | Zip   | City   | State              | Zip                 |
| <b>EXPIRES AUTHORIZED</b>  |                    |   |  |                    |                     |
| 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           |
|  |                    |   | 10,000   | Common             | 0.00                |
|  |                    |   |  |                    |                     |

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.



Form No. 530  
Revised: 01/2012

*6/11/12*  
*ccr*  
*Confirm # 156843*

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.

*Tracy Healy*

Signature of Authorized Representative

06/11/2012

Date

Tracy Lolita Healy

Print or Type Name of Authorized Representative