



**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. <b>91274</b>		2. Exact name of the Corporation <b>Hwang Bishop Designs, Ltd.</b>		
3. Principal office address <b>30 Cutler Street</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. Business Phone No. <b>401-245-9557</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Wholesale manufacturers lighting &amp; furniture</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Felicia Hwang Bishop</b>		Vice-President Name		
Street Address <b>467 Washington Rd</b>		Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Felicia Hwang Bishop</b>		Director Name <b>Mars Jonathan Bishop</b>		
Street Address <b>467 Washington Rd</b>		Street Address <b>467 Washington Rd</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES 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.				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
NUMBER OF SHARES <b>100</b>		CLASS/SERIES <b>Common</b>	PAR VALUE <b>no par</b>	

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**

**AUG 06 2012**

**5123**

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]* **7/23/12**  
 Signature of Authorized Representative Date

**Felicia H. Bishop**  
 Print or Type Name of Authorized Representative

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**