



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. 148630		2. Exact name of the Corporation SPRING STREET DESIGN GROUP, INC		
3. Principal office address 29 WEST 36TH STREET		City NEW YORK	State NY	Zip 10018
4. Business Phone No. (212) 564-8250		5. State of Incorporation NEW YORK		
6. Brief description of the character of business conducted in Rhode Island COSTUME JEWELRY AND GIFT ACCESSORIES.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MARY E. WALSH		Vice-President Name EDWIN PEISSIS		
Street Address 29 WEST 36TH STREET, 9th FL		Street Address 29 WEST 36TH STREET, 9th FL		
City NEW YORK	State NY	Zip 10018	City NEW YORK	State NY
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
		20,200	COMMON	.01

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 STATE OF RHODE ISLAND
 DIVISION OF BUSINESS SERVICES

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 021837m

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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 of Authorized Representative _____ Date **09/26/2012**

MARY E. WALSH
 Print or Type Name of Authorized Representative