

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 2013

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. 516555		2. Exact name of the Corporation DWC Designs, Inc			
3. Principal office address None 6 Sable Road		City None Hudson NH	State CT	Zip 03051	
4. Business Phone No.		5. State of incorporation NH			
6. Brief description of the character of business conducted in Rhode Island Window Treatment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Stephen W Mithen			Vice-President Name		
Street Address 6 Sable Road			Street Address		
City Hudson	State NH	Zip 03051	City	State	Zip
Secretary Name			Treasurer Name Donna Mithen		
Street Address			Street Address 6 Sable Road		
City	State	Zip	City hudson	State NH	Zip 03051
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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.			NUMBER OF SHARES 200 100	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

AUG 13 2013

File Date _____

Check No _____

By: _____

By *mmc*

FOR SECRETARY OF STATE USE ONLY

Ch # 8127

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.

Stephen Mithen *5-29-13*
 Signature of Authorized Representative Date

Stephen Mithen
 Print or Type Name of Authorized Representative