



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000834577

2. Name of Corporation HELLYER LEWIS, INC.

3. Street Address Principal Business Office:

No. and Street: 211 SOUTH 12 STREET

City or Town: PHILADELPHIA

State: PA

Zip: 19107

Country: USA

4. Business Phone No.

215-922-7066

5. State of Incorporation

State: PA

6. Brief Description of the Character of Business Conducted in Rhode Island

ARCHITECTURE INTERIOR DESIGN

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES HELLYER	7830 EASTERN AVENUE WYNDMOOR, PA 19038 USA
VICE PRESIDENT	GEORGE HENRY LEWIS	509 LOMBARD ST PHILADELPHIA, PA 19147 USA

8. Shares Authorized and Issued

Total Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	152.00	0

9. 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.

Signed this 9 Day of January, 2014 at 12:27:10 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SHARON COLLOPY

Signature of Authorized Representative of the Corporation

BOOKKEEPER/OFFICE MANAGER

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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