



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 **2014**

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. 7606		2. Exact name of the Corporation DISCOVERY MARKETING & DESIGN, LTD.			
3. Principal office address 185 Front Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 401-725-1404		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Jewelry Manufacturer					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name David L. Staab			Vice-President Name None		
Street Address 111 Gulf Road			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
Secretary Name David L. Staab			Treasurer Name David L. Staab		
Street Address 111 Gulf Road			Street Address 111 Gulf Road		
City South Dartmouth	State MA	Zip 02748	City South Dartmouth	State MA	Zip 02748
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			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	CLASS/SERIES	PAR VALUE
			500	Common	No Par

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 _____

FILED

Check No _____

MAR 14 2014

By: _____

BY 39161

FOR SECRETARY OF STATE USE ONLY

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

David L. Staab

Print or Type Name of Authorized Representative