



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 2015

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. 62925		2. Exact name of the Corporation OFFICE DIRECT CANNAVA DESIGN, LTD.			
3. Principal office address 380 Jefferson Boulevard, Unit E1			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 732-3040			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Own and operate a furniture sales, design and space planning business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phyllis J. Cannava			Vice-President Name Phyllis J. Cannava		
Street Address 380 Jefferson Boulevard, Unit E1			Street Address 380 Jefferson Boulevard, Unit E1		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Phyllis J. Cannava			Treasurer Name Phyllis J. Cannava		
Street Address 380 Jefferson Boulevard, Unit E1			Street Address 380 Jefferson Boulevard, Unit E1		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <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
			200	Common	No

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: _____

FILED
JAN 16 2015

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 *Phyllis J. Cannava* Date *1/9/15*
Phyllis J. Cannava
 Print or Type Name of Authorized Representative

BY 4290