



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. 91132		2. Exact name of the Corporation NORDIC DESIGN INC			
3. Principal office address 55 WHITTIER ROAD		City JAMESTOWN	State RI	Zip 02835	
4. Business Phone No. 401-423-0542		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island DESIGN AND MANUFACTURE OF CLOTHING					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LISA KASABIAN			Vice-President Name LISA KASABIAN		
Street Address 55 WHITTIER ROAD			Street Address 55 WHITTIER ROAD		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name LISA KASABIAN			Treasurer Name LISA KASABIAN		
Street Address 55 WHITTIER ROAD			Street Address 55 WHITTIER ROAD		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AS AUTHORIZED BY SECTION 7-1.1-51, RIGL, NORDIC			Director Name DESIGN INC BEING A CLOSED CORP HAS NO BOARD		
Street Address MEMBERS			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
			100	COMMON	NO PAR VALUE

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

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.

FILED

SEP 10 2015

By

256033

A.A. 9:37 A.M.

Signature of Authorized Representative

Print or Type Name of Authorized Representative

Date

8/11/15