



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 **2016**

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. 295836		2. Exact name of the Corporation Design + Renovation, Inc.			
3. Principal office address 201 Wentworth Avenue		City Cranston	State RI	Zip 02905	
4. Business Phone No. 401-467-3292		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To provide design, renovation, remodeling and construction services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Waylan Tucker		Vice-President Name			
Street Address 201 Wentworth Avenue		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name		Treasurer Name Waylan Tucker			
Street Address		Street Address 201 Wentworth Avenue			
City	State	Zip	City Cranston	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Waylan Tucker		Director Name			
Street Address 201 Wentworth Avenue		Street Address			
City Cranston	State RI	Zip 02905	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
			1000	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
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

FILED *a*

JAN 04 2016

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.

Waylan H. Tucker **12/31/15**
Signature of Authorized Representative Date

Waylan Tucker

Print or Type Name of Authorized Representative

BY: 2105