



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. 61480		2. Exact name of the Corporation KAY DEE DESIGNS, INC.			
3. Principal office address 177 SKUNK HILL ROAD		City HOPE VALLEY		State RI	Zip 02832
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CARRYING ON THE KITCHEN COORDINATES, CERAMICS AND SCREEN PRINTING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD S. RAKUASKAS			Vice-President Name CHARLES DONNELL		
Street Address 177 SKUNK HILL ROAD			Street Address 177 SKUNK HILL ROAD		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
Secretary Name CHARLES DONNELL			Treasurer Name CHARLES DONNELL		
Street Address 177 SKUNK HILL ROAD			Street Address 177 SKUNK HILL ROAD		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RICHARD S. RAKUSKAS			Director Name CHARLES DONNELL		
Street Address 177 SKUNK HILL ROAD			Street Address 177 SKUNK HILL ROAD		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
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.					

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

JAN 06 2015

BY DS 0051146

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

CHARLES DONNELL

Print or Type Name of Authorized Representative