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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.	2. Exact name of the Corporation			
53445	Scarborough-Phillips Design, Inc.			
3. Principal office address: 185 Providence Street, Suite A-429		City: West Warwick	State: RI	Zip: 02893
4. Business Phone No.: 401-615-7761		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Interior design and space planning				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Jessie S. Dell			Vice-President Name: Patricia P. Hogue		
Street Address: 185 Providence Street, Suite A-429			Street Address: 185 Providence Street, Suite A-429		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Secretary Name: Patricia P. Hogue			Treasurer Name: Jessie S. Dell		
Street Address: 185 Providence Street, Suite A-~~420~~ A-429			Street Address: 185 Providence Street, Suite A-429		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Jessie S. Dell			Director Name: Patricia P. Hogue		
Street Address: 185 Providence Street, Suite A-429			Street Address: 185 Providence Street, Suite A-429		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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

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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.

Jessie S. Dell — 3-1-16
Signature of Authorized Representative — Date

JESSIE S. DELL
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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