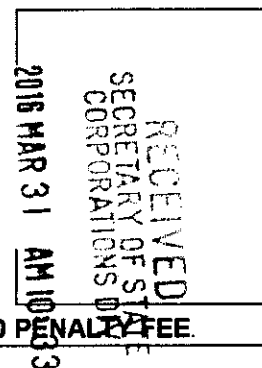




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 74854		2. Exact name of the Corporation Design Formations Inc	
3. Principal Office Address 403 Charles Street		City Providence	State RI
		Zip 02904	
4. Business Phone Number 401-861-4500		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island To Build Product Prototypes			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Robert Wilkie		Vice-President Name Leeanne Wilkie	
Street Address 403 Charles Street		Street Address 403 Charles Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Leeanne Wilkie		Treasurer Name Robert Wilkie	
Street Address 403 Charles Street		Street Address 403 Charles Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		400	Common
		PAR VALUE No Par Value	
11. 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. 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.			
Name of Authorized Representative Robert Wilkie		Date 3-31-16	
Signature of Authorized Representative 			

FILED

MAR 31 2016

By 271363
A.A.