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

RECEIVED
2016 MAR 31 AM 10:33
SECRETARY OF STATE
CORPORATIONS DIV

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	2. Exact name of the Corporation
74854	**Design Formations Inc**

3. Principal Office Address	City	State	Zip
403 Charles Street	**Providence**	**RI**	**02904**

4. Business Phone Number	5. State of Incorporation
401-861-4500	**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**	Zip **02904**	City **Providence**	State **RI**	Zip **02904**
Secretary Name **Leeanne Wilkie**			Treasurer Name **Robert Wilkie**		
Street Address **403 Charles Street**			Street Address **403 Charles Street**		
City **Providence**	State **RI**	Zip **02904**	City **Providence**	State **RI**	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	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	**400**	**Common**	**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	Date
Robert Wilkie	**3-31-16**

Signature of Authorized Representative

FILED
MAR 31 2016
By 271363
A.A.

Form No. 630
Revised: 2016