



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 45580		2. Exact name of the Corporation Design-Aire, Inc.			
3. Principal Office Address 60 Kindergarten Street		City Woonsocket		State RI	Zip 02895
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacturing steel duct work			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jean L. Authier			Vice-President Name Michelle Authier		
Street Address 124 Sayles Hill Road			Street Address 124 Sayles Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Michelle Authier			Treasurer Name Jean L. Authier		
Street Address 124 Sayles Hill Road			Street Address 124 Sayles Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jean L. Authier			Director Name Michelle Authier		
Street Address 124 Sayles Hill Road			Street Address 124 Sayles Hill Road		
City North ASmithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
300		Common		No Par	
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 Jean L. Authier					
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

BY

FORM 630 - Revised: 10/2016