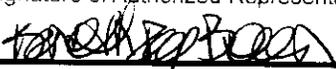




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000489663		2. Exact name of the Corporation Design +, Inc.			
3. Principal Office Address 1449 Bardstown Road, Suite 200			City Louisville	State KY	Zip 40204
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island architecture			
5. State of Incorporation KY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John L. Warmack, Jr.			Vice-President Name Kenneth Ray Brown		
Street Address 1449 Bardstown Road, Suite 200			Street Address 1449 Bardstown Road		
City Louisville	State KY	Zip 40204	City Louisville	State KY	Zip 40204
Secretary Name John L. Warmack, Jr.			Treasurer Name Kenneth Ray Brown		
Street Address 1449 Bardstown Road, Suite 200			Street Address 1449 Bardstown Road, Suite 200		
City Louisville	State KY	Zip 40204	City Louisville	State KY	Zip 40204
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John L. Warmack, Jr.			Director Name Kenneth Ray Brown		
Street Address 1449 Bardstown Road, Suite 200			Street Address 1449 Bardstown Road, Suite 200		
City Louisville	State Ky	Zip 40204	City Louisville	State KY	Zip 40204
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES	PAR VALUE \$1.00
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. <i>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.</i>					
Name of Authorized Representative Kenneth Ray Brown				Date January 30, 2017	
Signature of Authorized Representative 				FILED FEB 10 2017 SIGN DOCUMENT HERE BY 	

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