



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

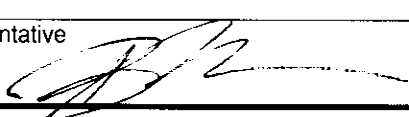
Annual Report for the year: **2017**

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 148509		2. Exact name of the Corporation Kiernan Design Consulting, Ltd.												
3. Principal Office Address 111 Windemere Way			City Warwick	State RI	Zip 02886									
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Interior and exterior design consultation												
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 Billie Jeanne Kiernan			Vice-President Name Billie Jeanne Kiernan											
Street Address 111 Windemere Way			Street Address 111 Windemere Way											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Secretary Name Billie Jeanne Kiernan			Treasurer Name Billie Jeanne Kiernan											
Street Address 111 Windemere Way			Street Address 111 Windemere Way											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	None			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
600	Common	None												
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 Billie Jeanne Kiernan, President				Date 2/18/17										
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

BY

FEB 24 2017