



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 33924		2. Exact name of the Corporation Arris Design, Inc.			
3. Principal Office Address 14 Imperial Place, Suite 302			City Providence	State RI	Zip 02903
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island To provide architectural and design services and other lawful purposes.			
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 Alfred Oakes			Vice-President Name Scott Weymouth		
Street Address 14 Imperial Place, Suite 302			Street Address 14 Imperial Place, Suite 302		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Alfred Oakes			Treasurer Name Scott Weymouth		
Street Address 14 Imperial Place, Suite 302			Street Address 14 Imperial Place, Suite 302		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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
			300		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 Alfred Oakes					Date FEB. 23, 2017
Signature of Authorized Representative 					

FEB 27 2017

BY

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