RI SOS Filing Number: 201741489130 Date: 4/20/2017 4:00:00 PM

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	2. Exact name of the Corporation
1298004	**Matunuck Design Group, Inc.**

3. Principal Office Address	City	State	Zip
9 Chestnut Street	**Narragansett**	**RI**	**02882**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, an	**Landscape architects**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Mark J. Butler**			Vice-President Name **None**		
Street Address **9 Chestnut Street**			Street Address		
City **Narragansett**	State **RI**	Zip **02882**	City	State	Zip
Secretary Name **Mark J. Butler**			Treasurer Name **Mark J. Butler**		
Street Address **9 Chestnut Street**			Street Address **9 Chestnut Street**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Mark J. Butler**			Director Name		
Street Address **9 Chestnut Street**			Street Address		
City **Narragansett**	State **RI**	Zip **02882**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**common**	**no par value**
Changes require an additional filing.			

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
Mark J. Butler	4/6 , 2017

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED

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

APR 20 2017
BY

FORM 630 Revised: 10/2016