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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: Corporation

2018

> Filing period: January

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BV	321/1	

1. En	tity ID Number	2. Exact nam	e of the Corporation	n					
	129829	FREDER	FREDERIC SPECTOR DESIGN STUDIO, INC.						
3. Pri	ncipal Office Address			City		State	Zip		
	3 Armstrong Street			Providenc	e	RI	02903-0000		
4. NA	ICS Code	6. Brief description of the character of business conducted in Rhode Island							
	541410	the desig	the design of home and office furnishings						
5. Sta	ite of Incorporation	\dashv							
	RI								
7. Lis	ALL officers (names and a	ddresses)			Check_th	ne box to indicate	e an attachment		
Presid	President Name Frederic Spector			Vice-President Name Frederic Spector					
	Address 3 Armstrong Street			Street Address 3 Armstrong Street					
City	Providence	State RI	Zip 02903-	City Providen	re	State RI	Zip 02903-		
Secre	ary Name		1_02703-	Treasurer Name		1***	1 02/05-		
Frederic Spector				Frederic Spector					
Street Address 3 Armstrong Street			Street Address	Street Address 3 Armstrong Street					
City	- J Almontong Street	State	Zip	City	ong street	State	Zip		
	Providence	RI	02903-	Providen		RI	02903-		
_	t ALL directors (names and	addresses)		To:	Check th	ne box to indicate	e an attachment [
Director Name Frederic Spector			Director Name none						
Street	treet Address 3 Armstrong Street			Street Address none	Street Address				
City	Providence	State RI	Zip 02903-	City none		State none	Zip none		
Direct	Director Name			Director Name none					
Street Address				Street Address					
none				none					
City	none	State none	Zip none	City none		State none	Zip none		
9. Sh	ares Authorized		10. Shares Iss	ued	Check th	ne box to indicate	e an attachment [
This i	nformation is currently of re-	cord in the	NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE		
Department of State. Changes require an additional fiting.			100	Common		No Par			
11. Th	nis report must be executed	on behalf of the	corporation by an	authorized represen	tative. If the corpora	ation is in the ha	nds of a receiver o		
truste	e, this report must be exec	uted on behalf of	the corporation by	the receiver or trust	tee				
Unde	r penalty of perjury, I dec	lare and affirm t	that I have examin	ed this report, incl ed correct	uding any accomp	oanying schedu	les and		
	ments, and that all staten of Authorized Representa		ावाचा।। बाच एपच हा	THE CONTROLL		Date			
	Frederic Spector	·		esident		1/02/2018			
Cic		atativo.				1			
Signa	ture of Authorized Represe	intative		26,48% 1,4838					
AAH T	~ 	\(\)				· · · · · · · · · · · · · · · · · · ·			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov