RI SOS Filing Number: 201859590870 Date: 3/1/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **Non-Profit Corporation**

- → Filing period: June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation				
000968509	DESIGNXRI				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To create an or	oportunity-driver	environment for the Rhode Isl	and design sector	to thrive.
4. NAICS Code	1				
813920 - Professional Organ					
6. Principal Office Address	I Office Address			State	Zip
333 Westminster Street, 2nd Floor			Providence	RI	02903
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment
President Name Emily Hall			Vice-President Name John Seeley		
Street Address 150 Union St, Unit 305			Street Address 20 Doane St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Secretary Name Mark Guarraia			Treasurer Name Susan Keller		
Street Address 1404 Narragansett Blvd			Street Address 108 Williams St		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02906
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST li			
Director Name Kirtley Fisher			Check the box to indicate an attachment L Director Name Kate Petrie		
Street Address 263 Cypress St.			Street Address 1005 Fort Getty Rd		
					Zin
City Providence	State RI	Zip 02906	City Jamestown	State RI	^{Zıp} 02835
Director Name David Vanech			Director Name		
Street Address 29 Lincoln Ave			Street Address		
City Providence	State RI	^{Zip} 0290 6	City	State	Zip
9. Registered Agent in Rhode Islan	nd. This information	is currently of record	d in the Department of State. Change	s require filing Form 6-	41.
Under penalty of perjury, I decla statements, and that all stateme				ompanying sched	ules and
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repres	sentative, Receiver or Tru	stee.
Name of Officer/Authorized Representative				Date	
Lisa Carnevale, Executive Director				02/26/18	
Signature of Officer/Authorized Rep	presentative			•	
		SIGN DOS	UMENT IF IT FIT	_	
MAIL TO:					

Division of Business Services

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

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

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