

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

 > Panethr Additional \$25.00 fee if form is not filed by July 30.

| 000968509 3. State of Incorporation RI | 5. Brief descrip | IxRI | | | | |
|--|--------------------------|---|---|---------------------------------|-----------------------|--|
| RI | · · | DESIGNxRI | | | | |
| | | 5. Brief description of the character of business conducted in Rhode Island | | | | |
| | To create an | To create an opportunity-driven environment for the Rhode Island design sector to thrive. | | | | |
| 4. NAICS Code | ┪ | | | | | |
| 813920 - Professional Organ |] | | | | | |
| 6. Principal Office Address | • | | City | State | Zip | |
| 333 Westminster Street, 2nd Floor | | | Providence | RI | 02903 | |
| 7. List ALL officers (names and | addresses) | | | Check the box to indi | cate 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 | Ziρ 02906 | |
| 8. List ALL directors (names and | d addresses). RI Co | orporations MUST | list at least THREE directors. | Check the box to indi | cate an attachment | |
| Director Name Kirtley Fisher | | | Director Name Kate Petrie | | | |
| Street Address 263 Cypress St. | | | Street Address 1005 Fort Getty Rd | | | |
| City Providence | State RI | ^{Zip} 02906 | City Jamestown | State RI | Z _{IP} 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 Is | land. This informatio | n is currently of reco | ord in the Department of State. Ch | anges require filing Form 6 | 41. | |
| Under penalty of perjury, I dec statements, and that all stater | | | | accompanying sched | ules and | |
| This report must be signed by either the | President, Vice-Presiden | t, Secretary, Assistant | Secretary, Treasurer, duly Authorized R | Representative, Receiver or Tru | istee. | |
| Name of Officer/Authorized Rep | | | | Date | | |
| Lisa Carnevale, Executive Dire | ector | | | 02/26/18 | | |
| Signature of Officer/Authorized F | Representative | SIGNIDO | NIMENT HELL ED | | | |

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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