



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL - 6 PM 3:17

1. Entity ID Number 85374		2. Exact name of the Corporation DESIGN NET Technical Products, Inc.	
3. Principal Office Address 341 George Washington Highway		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 454118	6. Brief description of the character of business conducted in Rhode Island DESIGN, development, MARKETING and sales of products and services...		
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 Robert J. Bouthillier		Vice-President Name	
Street Address 341 George Washington Highway		Street Address	
City Smithfield	State RI	Zip 02917	
Secretary Name Robert J. Bouthillier		Treasurer Name Robert J. Bouthillier	
Street Address 341 George Washington Highway		Street Address 341 George Washington Highway	
City Smithfield	State RI	Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200 Shares	
		Common	
		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 Orlando A. Andreoni, Esq			Date July 6, 2018
Signature of Authorized Representative <i>Orlando A. Andreoni</i>			FILED JUL 06 2018 HL C 26432734 3:17