



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUL -6 PM 3:11

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 <b>85374</b>		2. Exact name of the Corporation <b>DESIGN NET Technical Products, Inc.</b>			
3. Principal Office Address <b>341 George Washington Highway</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
4. NAICS Code <b>454118</b>		6. Brief description of the character of business conducted in Rhode Island <b>DESIGN, development, MARKETING and sales of products and services...</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert J. Bouthillier</b>		Vice-President Name			
Street Address <b>341 George Washington Highway</b>		Street Address			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>Robert J. Bouthillier</b>		Treasurer Name <b>Robert J. Bouthillier</b>			
Street Address <b>341 George Washington Highway</b>		Street Address <b>341 George Washington Highway</b>			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200 Shares</b>		<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Orlando A. Andreoni, Esq</b>					Date <b>July 6, 2018</b>
Signature of Authorized Representative <i>Orlando A. Andreoni</i>					

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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