



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

Annual Report for the year: 2019
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 148210 | | 2. Exact name of the Corporation Cypress Design Co., Inc. | | | |
| 3. Principal Office Address 15 Dexter Road | | | City East Providence | State RI | Zip 02914 |
| 4. Business Phone Number 401-438-5105 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Kitchen and bath supply and design B37212 | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Christopher J. Voll | | | Vice-President Name Christopher J. Voll | | |
| Street Address 16 Dexter Road | | | Street Address 15 Dexter Road | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| Secretary Name Christopher J. Voll | | | Treasurer Name Christopher J. Voll | | |
| Street Address 15 Dexter Road | | | Street Address 15 Dexter Road | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name N/A | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. 1000 common no par value Changes require an additional filing. | | | NUMBER OF SHARES 1000 | CLASS/SERIES common | PAR VALUE 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 Christopher J. Voll, President | | | | | Date 1/13/19 |
| Signature of Authorized Representative | | | | | FILED SIGN DOCUMENT HERE JAN 22 2019 BY <u>23375 DS</u> |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov