



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

FILED

Annual Report for the year: 2019 Corporation

FEB 04 2019

BY 3407
ea

- 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 129829 | | 2. Exact name of the Corporation FREDERIC SPECTOR DESIGN STUDIO, INC. | | | |
| 3. Principal Office Address 3 Armstrong Street | | | City Providence | State RI | Zip 02903-0000 |
| 4. NAICS Code 541410 | | 6. Brief description of the character of business conducted in Rhode Island the design of home and office furnishings | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Frederic Spector | | | Vice-President Name Frederic Spector | | |
| Street Address 3 Armstrong Street | | | Street Address 3 Armstrong Street | | |
| City Providence | State RI | Zip 02903- | City Providence | State RI | Zip 02903- |
| Secretary Name Frederic Spector | | | Treasurer Name Frederic Spector | | |
| Street Address 3 Armstrong Street | | | Street Address 3 Armstrong Street | | |
| City Providence | State RI | Zip 02903- | City Providence | State RI | Zip 02903- |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Frederic Spector | | | Director Name none | | |
| Street Address 3 Armstrong Street | | | Street Address none | | |
| City Providence | State RI | Zip 02903- | City none | State none | Zip none |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 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. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | Common | No Par |
| | | | | | |
| 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 Frederic Spector President | | | | Date 1/07/2019 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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