



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

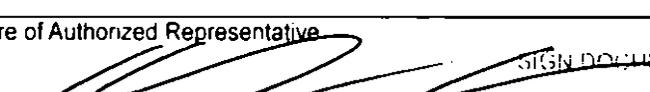
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SECRETARY OF STATE
CORPORATIONS DIV

14

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 JUL 18 AM 8:37

1. Entity ID Number 798679		2. Exact name of the Corporation KDDDESIGNS, INC.			
3. Principal Office Address 51 FRONT STREET, APT D2			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE PARTS AND ACCESSORIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KYLE S DUQUESNAY			Vice-President Name		
Street Address 51 FRONT STREET APT D2			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	COMMON	.01
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 KYLE S. DUQUESNAY					Date 7/17/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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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BY KL SRKQ1 FORM 630 - Revised: 02/2017