



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

Annual Report for the year: **2020**
Corporation

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

FILED

JAN 21 2020

W 21005

1. Entity ID Number 295836		2. Exact name of the Corporation Design + Renovation, Inc.			
3. Principal Office Address 201 Wentworth Avenue		City Cranston		State RI	Zip 02905
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island Providing, designing, renovations, remodeling and construction 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 Waylan Tucker		Vice-President Name			
Street Address 201 Wentworth Avenue		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name		Treasurer Name Waylan Tucker			
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 Waylan Tucker		Director Name			
Street Address 201 Wentworth Avenue		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 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 Waylan Tucker				Date 1/17/2020	
Signature of Authorized Representative <i>Waylan Tucker</i> SIGN DOCUMENT HERE					

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

FORM 630 - Revised: 10/2017