

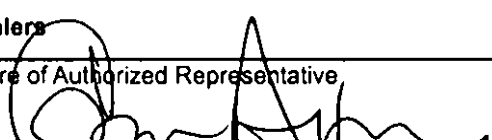


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

STAMP

- 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 000114345		2. Exact name of the Corporation Ahlers Designs, Inc.			
3. Principal Office Address 1005 Main Street Unit 707		City Pawtucket		State RI	Zip 02860
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Design, manufacture and distribute artwork			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gail Ahlers			Vice-President Name Gail Ahlers		
Street Address 22 Bond Street			Street Address 22 Bond Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Gail Ahlers			Treasurer Name Gail Ahlers		
Street Address 22 Bond Street			Street Address 22 Bond Street		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			8,000 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 Gail Ahlers					Date January 10, 2020
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

ICM

JAN 23 2020

BY

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FORM 630 - Revised: 10/2017