State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation
000114345	**Ahlers Designs, Inc.**

3. Principal Office Address	City	State	Zip
1005 Main Street Unit 707	**Pawtucket**	**RI**	**02860**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
711510	**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	Street Address	City	State	Zip
Gail Ahlers	**22 Bond Street**	**Riverside**	**RI**	**02915**

Vice-President Name	Street Address	City	State	Zip
Gail Ahlers	**22 Bond Street**	**Riverside**	**RI**	**02915**

Secretary Name	Street Address	City	State	Zip
Gail Ahlers	**22 Bond Street**	**Riverside**	**RI**	**02915**

Treasurer Name	Street Address	City	State	Zip
Gail Ahlers	**22 Bond Street**	**Riverside**	**RI**	**02915**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
Gail Ahlers	**January 10, 2020**

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

JAN 23 2020

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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