



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 29 2020

1. Entry ID Number 44913		2. Exact name of the Corporation Capital Design, Inc.		BY <u>8400 DS</u>	
3. Principal Office Address 245 Waterman Street Suite 505			City Providence	State RI	Zip 02906
4. NAICS Code 84-339910		6. Brief description of the character of business conducted in Rhode Island Sale of jewelry products, metal and similar products.			
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 Judith S. Mann			Vice-President Name Robert Mann		
Street Address 245 Waterman Street, Suite 505			Street Address 245 Waterman Street, Suite 505		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Richard S. Mittleman			Treasurer Name Robert Mann		
Street Address 301 Promenade Street			Street Address 245 Waterman Street, Suite 505		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
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		
			CLASS/SERIES		
			PAR VALUE		
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 <u>Judith S. Mann</u>					Date <u>1-26-20</u>
Signature of Authorized Representative <u>Judith S. Mann</u>					

MAIL TO:
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