



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

FEB 24 2020

BY

17376

DS

1. Entity ID Number 000085374		2. Exact name of the Corporation DESIGN NET TECHNICAL PRODUCTS, INC.												
3. Principal Office Address 341 GEORGE WASHINGTON HIGHWAY			City SMITHFIELD	State RI	Zip 02917									
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island TO DESIGN, DEVELOPMENT, MARKETING AND SALES OF PRODUCTS AND SERVICE												
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 ROBERT J. BOUTHILLIER			Vice-President Name N/A											
Street Address 341 GEORGE WASHINGTON HIGHWAY			Street Address											
City SMITHFIELD	State RI	Zip 02917	City	State	Zip									
Secretary Name ROBERT J. BOUTHILLIER			Treasurer Name ROBERT J. BOUTHILLIER											
Street Address 341 GEORGE WASHINGTON HIGHWAY			Street Address 341 GEORGE WASHINGTON HIGHWAY											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
8. List ALL directors (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>														
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name N/A			Director Name N/A											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	CNP	0												
Changes require an additional filing.														
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 ROBERT J. BOUTHILLIER					Date 2-20-2020									
Signature of Authorized Representative 														
SIGN DOCUMENT HERE														