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2020 MAR 10 A 10:29



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

Annual Report for the year: **2019**

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 001667932		2. Exact name of the Corporation TURNSTYLE DESIGNS INC			
3. Principal Office Address 267 THAMES STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 541013		6. Brief description of the character of business conducted in Rhode Island MARKETING OFFICE			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name STEPHEN ROBERTS			Vice-President Name CHRISTINA ROBERTS		
Street Address 267 THAMES STREET			Street Address 267 THAMES STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name STEPHEN ROBERTS			Treasurer Name JAY MAURICE		
Street Address 267 THAMES STREET			Street Address 267 THAMES ST		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN ROBERTS			Director Name CHRISTINA ROBERTS		
Street Address 267 THAMES STREET			Street Address 267 THAMES STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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	
		2500		COMMON	
		NONE		NONE	
		PAR VALUE		NIL	
				NONE	
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 JAY MAURICE				Date 01/06/2020	
Signature of Authorized Representative 					

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

FILED 10:29

MAR 10 2020

FORM 630 - Revised: 02/2017

BY **RT 66A**



Annual Report Attachment

Turnstyle Designs Inc, 267 Thames Street, Bristol, Rhode Island, 02809

Ref - 001667932

Section 7 – List all officers

**Name: Stephen Roberts
Title: President
Street: 267 Thames Street
City: Bristol
State: Rhode Island
Zip: 02809**

**Name: Christina Roberts
Title: Vice President
Street: 267 Thames Street
City: Bristol
State: Rhode Island
Zip: 02809**

**Name: Douglas Lyman
Title: Sales Officer
Street: 267 Thames Street
City: Bristol
State: Rhode Island
Zip: 02809**

**Name: Jay Maurice
Title: Treasurer
Street: 267 Thames Street
City: Bristol
State: Rhode Island
Zip: 02809**