RI SOS Filing Number: 202039094270 Date: 5/1/2020 11:28:00 AM

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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Corporation

2015

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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7 renaity. Additional \$25.00 le		* *						
Entity ID Number     2. Exact name of the Corporation								
13-454-81708 Eclips, Design INC								
Principal Office Address			City	<u>-</u>	State	Zip		
844 SMITHFIELD AVE			LINC		12 ]	02865		
NAICS Code     6. Brief description of the character of business conducted in Rhode Island								
5. State of Incorporation  135900  TREIGHTION / Lighting Contractor  DESIGN + ENSTALL and Service in and								
5. State of Incorporation  DESIGN + ENST-SIL ON OF SERVICE IN CAR								
13HOSE ISLAND About GOTSON SPRINKING + ENTIGEHEN								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name			Vice-President Name					
Anthory Paula			Rubin Paula					
Street Address 17 0 12007 - 12 h			Street Address Pawie RA					
City PAWTUCK (†	State Rj.	Zip C) > STG ()	PAWE	سرادا	State 1724	2ip (C) \$76 (C)		
Secretary Name  12 Ub 17 Pauly  Treasurer Name  12 Ub 17 PAULA								
Street Address			1 1	Street Address				
170 Power RD			176 Powri RD					
City Pacitic Kel	State 12.E	12ip 67.8166	City	الرابه	State	Zip V FT (		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name Anthory Paoli1 Director Name Robin					10			
Street Address  CHY  South Fold Dy			Street Address SHY Smithfield Ne					
City LINCOL	State	UZSUS	City	•	State	Zip O 2 (7 <		
Director Name		Director Name						
Street Address Stree				· · · · · · · · · · · · · · · · · · ·				
Street Address Street Address								
City	State	Zıp	City		State	Zip		
9. Shares Authorized	3. Shares Authorized 10. Shares Issued Chec				the box to indicate an attachment			
This information is currently of record	d in the	NUMBER OF S						
Department of State.		300		(cammon		<i>)</i> (		
Changes require an additional filing.				<del> </del>				
11. This report must be executed or	hehalf of the cor	I noration by an auti	horized renres	entative. If the cornora	tion is in the hands	of a receiver or		
trustee, this report must be execute						3 Of a receiver of		
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			
Millel				5-1-2020				
Signature of Authorized Representative  SIGN DOCUMENT FIRED								
MAY 0.1.2020								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov MAY U 1 2020

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FORM 630 - Revised: 10/2017

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