



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119374		2. Name of Corporation Robinson Design Inc.			
3. Street Address Principal Business Office 405 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF ARCHITECTURAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John M. Robinson			Vice President Name		
Street Address 405 Douglas Pike			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name John M. Robinson			Treasurer Name John M. Robinson		
Street Address 405 Douglas Pike			Street Address 405 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		500	Common	0.01 Par Val

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 9 3 7 4

119374 DBC 07/06/05 02:24:46 PM

File Date 9/30/05

Check No. 38845

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 9/30/05

Signature of Officer
John M. Robinson
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119374 2. Name of Corporation Robinson Design Inc.

3. Street Address Principal Business Office 405 DOUGLAS PIKE City SMITHFIELD State RI Zip 02917-

4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVISION OF ARCHITECTURAL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN M. ROBINSON Street Address 405 DOUGLAS PIKE City SMITHFIELD State RI Zip 02917			Vice President Name Street Address City State Zip		
Secretary Name JOHN M. ROBINSON Street Address 405 DOUGLAS PIKE City SMITHFIELD State RI Zip 02917			Treasurer Name JOHN M. ROBINSON Street Address 405 DOUGLAS PIKE City SMITHFIELD State RI Zip 02917		

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE Street Address City State Zip			Director Name Street Address City State Zip		
---	--	--	---	--	--

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [] 11. SHARES ISSUED (X BOX FOR ATTACHMENT) []

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		500	COMMON	0.01 PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 9 3 7 4

119374 DBC 01/14/04 03:47:12 PM
File Date 10-8-04
Check No. 39478
By: AME
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 10.6.04
JOHN M. ROBINSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *119374*		2. Name of Corporation Robinson Design Inc.			
3. Street Address Principal Business Office 405 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF ARCHITECTURAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN M. ROBINSON			Vice President Name		
Street Address 405 DOUGLAS PIKE			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name JOHN M. ROBINSON			Treasurer Name JOHN M. ROBINSON		
Street Address 405 DOUGLAS PIKE			Street Address 405 DOUGLAS PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		500	COMMON	\$0.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



119374 DBC7/035:13:49 PM

File Date 8-4-03

Check No. 51597

By: Ce

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 7.29.03
Signature of Officer Date
John M. Robinson
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **119374** 2. Name of Corporation **Robinson Design Inc.**
3. Street Address Principal Business Office **405 Douglas Pike** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
provision of architectural services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John M. Robinson Street Address 405 Douglas Pike City Smithfield State RI Zip 02917	Vice President Name Street Address City State Zip
Secretary Name John M. Robinson Street Address 405 Douglas Pike City Smithfield State RI Zip 02917	Treasurer Name John M. Robinson Street Address 405 Douglas Pike City Smithfield State RI Zip 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **\$0.01 PAR VALUE** Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **500** Class/Series **Common** Par Value **No 0.01**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 3 7 4 *

FILED

File Date: **APR 29 2002**
Check No.: **By CC 50384**
By: _____

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.

Signature of Officer **John M. Robinson** Date **Apr 9-11-02**
Print or Type Name of Officer
President

Title of Officer