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

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**Annual Report for the year:** 2013
**Corporation**

→ 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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| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000005913 | Providence Design Company | | | |
| 3. Principal Office Address | | City | State | Zip |
| 80 Fountain Street | | Pawtucket | RI | 02860 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 541330 | Engineering and product design | | | |
| 5. State of Incorporation | | | | |
| Rhode Island | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: John H. Duke | | | Vice-President Name: | | |
| Street Address: 80 Fountain Street | | | Street Address: | | |
| City: Pawtucket | State: RI | Zip: 02860 | City: | State: | Zip: |
| Secretary Name: John H. Duke | | | Treasurer Name: John H. Duke | | |
| Street Address: 80 Fountain Street | | | Street Address: 80 Fountain Street | | |
| City: Pawtucket | State: RI | Zip: | City: Pawtucket | State: RI | Zip: 02860 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: John H. Duke | | | Director Name: | | |
| Street Address: 80 Fountain Street | | | Street Address: | | |
| City: Pawtucket | State: RI | Zip: 02860 | City: | State: | Zip: |
| Director Name: | | | Director Name: | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | common stock | $1.00 |
| | | |

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 | Date |
|---|---|
| John H. Duke, President | 11/15/2020 |

Signature of Authorized Representative: SIGN DOCUMENT HERE

**FILED**

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

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BY WKX71

FORM 630 - Revised: 02/2017

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