



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

1995

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 000005913		2. Exact name of the Corporation Providence Design Company			
3. Principal Office Address 80 Fountain Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island 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 John H. Duke, President				Date 11/15/2020	
Signature of Authorized Representative 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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FORM 630 - Revised: 02/2017