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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 02903-1333

401.222.3000

FILED

JAN 18 2021

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 148210		2. Name of Corporation Cypress Design Co., Inc.			
3. Street Address Principal Business Office 15 Dexter Road			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-5105		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Kitchen and bath supply and design					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher J. Voll			Vice President Name Christopher J. Voll		
Street Address 15 Dexter Road			Street Address 15 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christopher J. Voll			Treasurer Name Christopher J. Voll		
Street Address 15 Dexter Road			Street Address 15 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENTS) FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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 (SEE BOX FOR ATTACHMENTS) ISSUED SHARES (SEE BOX FOR ATTACHMENTS)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-1000-	no par value common	no par value	-100-	common	no par value

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

Signature of Officer

Christopher J. Voll, President

Print or Type Name of Officer

President

Title of Officer

1-6-2021

Date

