



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year:** 2021

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 506426		2. Exact name of the Corporation Time to Design, Inc.					
3. Principal Office Address 85 Wayside Meadow Road				City Wakefield		State RI	Zip 02879
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island To offer custom embroidery, corporate logos and gift baskets at retail and wholesale.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name Lynn A. Murphy				Vice-President Name Lynn A. Murphy			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
Secretary Name Lynn A. Murphy				Treasurer Name Lynn A. Murphy			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
			100		common		no par value 0.01
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.							
<b>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.</b>							
Name of Authorized Representative Lynn M. Murphy, President						Date 1/15/2021	
Signature of Authorized Representative 						Date 1/15/2021	

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

**FILED**  
 KM  
 JAN 28 2021

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