



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000159980		2. Exact name of the Corporation Setak Design, Inc.		2021 FEB -2 A 2:43	
3. Principal Office Address 75 South Union, Apt. 115			City Pawtucket	State RI	Zip 02860
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Samuel Konkin			Vice-President Name		
Street Address 75 South Union, Apt. 115			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Samuel Konkin			Treasurer Name Samuel Konkin		
Street Address 75 South Union, Apt. 115			Street Address 75 South Union, Apt. 115		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <i>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.</i>					
Name of Authorized Representative Samuel Konkin					Date 1-25-21
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

FEB 02 2021
BY Ch Ch 3970

FORM 630 - Revised: 10/2017