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State of Rhode Island Department of Sta	te - Business	s Services Di	vision	,	· • • • • • • • • • • • • • • • • • • •		
Annual Report for the year	ar: 2021				,		
Corporation		FE	3 24 20	121			
Filing period: January 1 - March 1			B 14.20_05				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.		В	14.0	U_{-1}	P
1. Entity ID Number	2. Exact name of		- 1		<u> </u>		
000062925	Office Direct Cannava Design, Ltd.						
3. Principal Office Address	·			City State Zip			
380 Jefferson Blvd.			Warwick	k RI			02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						<u> </u>
453210	Own and operate a furniture sales, design and space planning business						
State of Incorporation							
RI							
7. List ALL officers (names and add	resses)			Check th	e box to ir	ndicate a	an attachment 🔲
President Name Phyllis J. Cannava	Vice-President Name Phyllis J. Cannava.						
Street Address 380 Jefferson Blvd.			Street Address 380 Jefferson Blvd.				
City Warwick	State RI	Zip 02886	City Warwick		State RI		Zip 02886
Secretary Name Phyllis J. Cannava			Treasurer Name Phyllis J. Cannava				
Street Address 380 Jefferson Blvd.			Street Address 380 Jefferson Blvd.				
City Warwick	State RI	Zip 02886	City Warwick		State RI		Zip ()2886
8 List ALL directors (names and addresses) Check the box to independ on the control of the contr						ndicate a	an attachment 🗀
Director Name NONE	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		Zrp
9. Shares Authorized 10. Shares Iss		10. Shares Issue	d Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CIASS/SERIES		PAR VALUE	
		200		common		no par	
Changes require an additional filing.							

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

Richard Jessup, Jr.

2-19-21

Signature of Authorized Representative

LI GEN. COUNSEL

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov