



State of Rhode Island

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.

FILED
STAMP
MAR 01 2021
 BY *[Signature]*

1. Entity ID Number 129829		2. Exact name of the Corporation FREDERIC SPECTOR DESIGN STUDIO, INC.			
3. Principal Office Address 3 Armstrong Street			City Providence	State RI	Zip 02903-0000
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island the design of home and office furnishings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Frederic Spector			Vice-President Name Frederic Spector		
Street Address 3 Armstrong Street			Street Address 3 Armstrong Street		
City Providence	State RI	Zip 02903-	City Providence	State RI	Zip 02903-
Secretary Name Frederic Spector			Treasurer Name Frederic Spector		
Street Address 3 Armstrong Street			Street Address 3 Armstrong Street		
City Providence	State RI	Zip 02903-	City Providence	State RI	Zip 02903-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Frederic Spector			Director Name none		
Street Address 3 Armstrong Street			Street Address none		
City Providence	State RI	Zip 02903-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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. 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 Frederic Spector				Date 1/04/2021	
Signature of Authorized Representative <i>[Signature]</i>					

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