



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

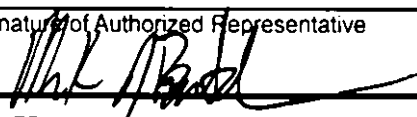
Annual Report for the year: **2021**
Corporation

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

FILED

JUN 04 2021

BY 1113 OS

1. Entry ID Number 1298004		2. Exact name of the Corporation Matunuck Design Group, Inc.			
3. Principal Office Address 9 Chestnut Street			City Narragansett	State RI	Zip 02882
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape architects.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mark J. Butler			Vice-President Name None		
Street Address 9 Chestnut Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Mark J. Butler			Treasurer Name Mark J. Butler		
Street Address 9 Chestnut Street			Street Address 9 Chestnut Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mark J. Butler			Director Name		
Street Address 9 Chestnut Street			Street Address		
City Narragansett	State RI	Zip 02882	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		
			Common		
			No par		
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 Mark J. Butler				Date 6.2. , 2021	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov