



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

Annual Report for the year: 2018  
 Corporation

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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

2021 JUN 17 P 2:22

1. Entity ID Number <b>799453</b>		2. Exact name of the Corporation <b>CTS DESIGNS RI, INC.</b>	
3. Principal Office Address <b>912 TIOGUE AVE</b>		City <b>COVENTRY</b>	State <b>RI</b>
		Zip <b>02816</b>	
4. NAICS Code <b>541850</b>	6. Brief description of the character of business conducted in Rhode Island <b>Custom Apparel, Signage, + Vehicle Lettering</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOSEPH PERRY</b>		Vice-President Name <b>SAME</b>	
Street Address <b>135 FAIRWAY DR.</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>.01</b>
			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. <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 <b>Joseph Perry</b>		Date <b>05/03/21</b>	
Signature of Authorized Representative		<b>FILED</b>	

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

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