



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: ~~January 1 - March 1~~ ^{Feb. 5 - May 1} • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 148210		2. Name of Corporation Cypress Design Co., Inc.		
3. Street Address Principal Business Office 15 Dexter Road		City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-5105		5. State of Incorporation Rhode Island		6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island
Kitchen and bath supply and design (337212)

8. NAMES AND ADDRESSES OF THE OFFICERS			8. NAMES AND ADDRESSES OF THE OFFICERS		
President Name Christopher J. Voll			Vice President Name Christopher J. Voll		
Street Address 15 Dexter Road			Street Address 15 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christopher J. Voll			Treasurer Name Christopher J. Voll		
Street Address 15 Dexter Road			Street Address 15 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS			9. NAMES AND ADDRESSES OF THE DIRECTORS		
Director Name N/A			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

10. SHARES AUTHORIZED (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>						10. SHARES AUTHORIZED (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES						ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-1000-	no par value	common	no par value	common	no par value	-100-	common	no par value			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
FEB 14 2023
BY 24557
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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.

[Signature]
Signature of Officer
Christopher J. Voll, President
Print or Type Name of Officer
President
Title of Officer
Date: 2-6-2023

