| Department of State - Business Services Division Annual Report for the year: 2023 | | | | | | \$ 11; 11 is | |
|--|--------------------------------------|---|---|---|------------------|-----------------------|--|
| Corporation → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.0 | | t filed by May 31. | • | | | | |
| 1. Entity ID Number 45580 | | 2. Exact name of the Corporation DESIGN-AIRE, INC. | | | | | |
| 3. Principal Office Address 1434 BISCAYNE WAY | | | City MARCO ISLAND | | State FL | Zip 34145-520 | |
| 4. NAICS Code 332900 5. State of Incorporation RHODE ISLAND | 1 | 6. Brief description of the character of business conducted in Rhode Island MANUFACTURING STEEL DUCT WORK | | | | | |
| List ALL officers (names and addresses) | | | | Check the box to indicate an attachment | | | |
| President Name JEAN AUTH | Vice-President Name MICHELLE AUTHIER | | | | | | |
| Street Address 1434 BISCAYNE WAY | | | Street Address 1434 BISCAYNE WAY | | | | |
| ^{City} MARCO ISLAND | State FL | ^{Zip} 34145 | City MARCO ISLAND | | State FL | ^{Zip} 34145 | |
| Secretary Name MICHELLE AUTHIER | | | Treasurer Name JEAN AUTHIER | | | | |
| Street Address 1434 BISCAYNE WAY | | | Street Address 1434 BISCAYNE WAY | | | | |
| City MARCO ISLAND | State FL | ^{Zip} 34145 | City MARCO ISLAND | | State FL | ^{Zip} 34145 | |
| B. List ALL directors (names and addresses) | | | Check the box to indicate an attachment | | | | |
| Director Name JEAN AUTH | Director Name MICHELLE AUTHIER | | | | | | |
| Street Address 1434 BISCAYNE WAY | | | Street Addices 1434 BISCAYNE WAY | | | | |
| City MARCO ISLAND | State FL | ^{Zip} 34145 | City MARCO ISLAND | | State FL | ^{Zip} 34145 | |
| Director Name | 1, | | Director Name | | | | |
| Street Address | | | Street Address | • | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Iss | ued Cher | | k the box to inc | dicate an attachment | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES 300 C | | CLASS/SERIES | | PAR VALUE | |
| | | | | COMMON | | NO PAR | |

Name of Authorized Representative JEAN AUTHIER

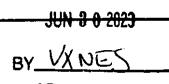
Signature of Authorized Representative

MAIL TO:

Division of Business Services

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

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





Date

6/7/2023

