RI SOS Filing Number: 202340096790 Date: 8/2/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31

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BY	2035	
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Penalty: Additional \$25.00 fe	e it form is not tile	ed by May 31.						
1. Entity ID Number 159506	2. Exact name of the Corporation Flawless by Design, Inc.							
3. Principal Office Address 37 Raymonds Point Road			City Coventry	State RI	Zip 02816			
4. NAICS Code 541890	6. Brief description of the character of business conducted in Rhode Island For sign and boat lettering and residential window tinting, any ancillary purposes, and all other lawful							
State of IncorporationRI	purposes.							
7. List ALL officers (names and add	dresses)		Check the box to indicate an attachment					
President Name John L. Robshaw, Jr.			Vice-President Name					
Street Address 37 Raymonds Point Road			Street Address					
City Coventry	State RI	Zip 02816	City	State	Zip			
Secretary Name John L. Robshaw, Jr.			Treasurer Name John L. Robshaw, Jr.					
Street Address 37 Raymonds Point Road			Street Address 37 Raymonds Point Road					
City Coventry	State RI	Zıp 02816	City Coventry	State RI	Zip 02816			
8. List ALL directors (names and ad	dresses)			Check the box to indica	ate an attachment			
Director Name			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			
9. Shares Authorized		10. Shares Issued	t	Check the box to indica	ate an attachment			
This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE								
Department of State.		100 Comm	on Shares 0.01	par value				
Changes require an additional filing.								
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 John L. Robshaw, Jr.				Date 7/as	5/2023			
Signature of Authorized Representative								
ITAN TO								

MAIL TO

Division of Business Services

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

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