



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

APR 30 2024

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1. Entity ID Number 516555		2. Exact name of the Corporation DWC Designs, Inc.			
3. Principal Office Address 6 Stable Road		City Hudson		State NH	Zip 03051
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island The installation of window treatments, blinds and shades, etc.			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna Mithen			Vice-President Name Steven W. Mithen		
Street Address 6 Stable Road			Street Address 6 Stable Road		
City Hudson	State NH	Zip 03501	City Hudson	State NH	Zip 03501
Secretary Name Steven W. Mithen			Treasurer Name Donna Mithen		
Street Address 6 Stable Road			Street Address 6 Stable Road		
City Hudson	State NH	Zip 03501	City Hudson	State NH	Zip 03501
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven W. Mithen			Director Name Donna Mithen		
Street Address 6 Stable Road			Street Address 6 Stable Road		
City Hudson	State NH	Zip 03501	City Hudson	State NH	Zip 03501
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		STK
					PAR VALUE
					\$100
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 Donna Mithen					Date 1-17-24
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