



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.

REC'D RIDCS BSD
24 JUL 16 PM 4:17:05

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 purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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/SERIALS		
			PAR VALUE		
			100 Common Shares 0.01 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.					
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 7/7/24		
Signature of Authorized Representative			BY 2005		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov