



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
5 AMP
APR 04 2025
BY 17365

1. Entity ID Number 000006941		2. Exact name of the Corporation Design Fabricators, Inc.			
3. Principal Office Address 72 Stamp Farm Road			City Cranston	State RI	Zip 02921
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island Interior decorating, woodworking of all kinds, including architectural woodworking and casework			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Roberta A. Degraide			Vice-President Name Denise Armstrong Florio		
Street Address 72 Stamp Farm Road			Street Address 72 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Denise Armstrong Florio			Treasurer Name Roberta A. Degraide		
Street Address 72 Stamp Farm Road			Street Address 72 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Roberta Degraide			Director Name Denise Armstrong Florio		
Street Address 72 Stamp Farm Road			Street Address 72 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		200	Class A Voting	None	
		1,800	Class B Non-Voting	None	
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 Roberta Degraide					Date 3/27/25
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov