State of Rhode Island
Department of State - Business Services Division

FILED
MAY 21 2025
BY
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R.I. DEPT. OF STATE
BUS SVCS DIV
25 MAY 21 A 9:44

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.

1. Entity ID Number	2. Exact name of the Corporation			
506426	Time to Design, Inc.			
3. Principal Office Address		City	State	Zip
85 Wayside Meadow Road		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
453991	To offer custom embroidery, corporate logos and gifts baskets at retail and wholesale.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Lynn A. Murphy			Lynn A. Murphy		
Street Address			Street Address		
85 Wayside Road			85 Wayside Road		
City / State / Zip			City / State / Zip		
Wakefield	RI	02879	Wakefield, RI	02879	
Secretary Name			**Treasurer Name**		
Lynn A. Murphy			Lynn A. Murphy		
Street Address			Street Address		
same as above			same as above		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate 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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	common	no 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	Date
Lynn A. Murphy, President	5/1/2025

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