| | Form 5500-SF | | | Report of Small Employ | OMB Nos. 1210-0110 1210-0089 | | | |
|-------|---|---|---|---|---------------------------------|--|---------------------------|--|
| | Department of the Treasury Internal Revenue Service | | Benefit Plan d under sections 104 and 4065 of the Employee | | | 2 | 2011 | |
| En | Department of Labor nployee Benefits Security Administration | Retirement Income Security Act o | f 1974 (ER | ISA), and sections 6057(b) and 6058 Code (the Code). | This Form i | his Form is Open to Public Inspection | | |
| P | ension Benefit Guaranty Corporation | Complete all entries in accord | dance wit | h the instructions to the Form 5500 |)-SF. | ins | pection | |
| | | lentification Information | | | | | | |
| For | calendar plan year 2011 or fisca I | | 7 | | 2/31/2 | | | |
| Α - | This return/report is for: | X a single-employer plan | | employer plan (not multiemployer) | | a one-partici | pant plan | |
| Β - | This return/report is: | the first return/report | 1 | eturn/report | | | | |
| | | an amended return/report | a short pla | an year return/report (less than 12 mc | onths) | _ | | |
| C | Check box if filing under: | × Form 5558 | automatic | extension | | X DFVC progra | im | |
| | | special extension (enter descripti | | | | | | |
| | | mation—enter all requested inform | nation | | _ | | | |
| | Name of plan RIS NATHANSON DESIGN. IN | C. 401(K) RETIREMENT PLAN | | | 1b | Three-digit plan number | | |
| | , | | | | | (PN) 🕨 | 001 | |
| | | | | | 1c | Effective date o 01/01 | • | |
| | Plan sponsor's name and addre RIS NATHANSON DESIGN, IN | ess; include room or suite number (e IC. | employer, if | for a single-employer plan) | 2b | Employer Identi (EIN) 05-03 | fication Number 40146 | |
| 162 5 | XCHANGE STREET | | | | 2c | Sponsor's telep 401-72 | | |
| | TUCKET, RI 02860 | | | | 2d | Business code (54140 | see instructions) | |
| | Plan administrator's name and RIS NATHANSON DESIGN, INC. | | NGE STRE | ÉT | 3b | Administrator's | E IN 40146 | |
| | | PAWTUCKE | I, RI 02860 | J | 3c | Administrator's 401-723 | elephone number 3-3800 | |
| 4 | If the name and/or EIN of the p name, EIN, and the plan numb | plan sponsor has changed since the | last return/ | report filed for this plan, enter the | 4b | EIN | | |
| а | Sponsor's name | | | | 4c | PN | | |
| | • | the beginning of the plan year | | | 5a | | 12 | |
| b | Total number of participants at | the end of the plan year | | | 5b | | | |
| С | | count balances as of the end of the | | - | 5c | | 9 | |
| 6a | Were all of the plan's assets d | luring the plan year invested in eligil | ole assets? | (See instructions.) | | • | X Yes No | |
| b | | | | ident qualified public accountant (IQF | | | | |
| | | | | ons.) | | | X Yes No | |
| Pa | rt III Financial Informa | | 0111 5500- | SF and must instead use Form 550 | <i>.</i> | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year | |
| а | Total plan assets | | | 705150 | | | 621486 | |
| b | Total plan liabilities | | 7b | | | | | |
| С | Net plan assets (subtract line 7 | 7b from line 7a) | 7c | 705150 | | | 621486 | |
| 8 | Income, Expenses, and Transf | fers for this Plan Year | | (a) Amount | | (b) 1 | otal | |
| а | Contributions received or received | | 0-(1) | 300 | | | | |
| | | | | | _ | | | |
| | | ······ | 8a(2) | | | | | |
| h | |) | | -27316 | | | | |
| c | | 8a(2), 8a(3), and 8b) | | 2.0.0 | | | -27016 | |
| d | | rollovers and insurance premiums | | | | | | |
| | | · | . 8d | 56648 | | | | |
| е | Certain deemed and/or correct | tive distributions (see instructions) | . 8e | | | | | |
| f | Administrative service provider | rs (salaries, fees, commissions) | 8f | | _ | | | |
| g | • | | - | | | | | |
| h | | 8e, 8f, and 8g) | | | | | 56648 | |
| i | | e 8h from line 8c) | | | | | -83664 | |
| J | i ransfers to (from) the plan (se | e instructions) | | | | | | |

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | V | Compliance Questions | | | | | | | | |
|------|---|---|--------|---------|---------------|-------------------------|----------|-----|--------|-------|
| 10 | Du | uring the plan year: | | Yes | No | | | Amo | ount | |
| а | | as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | | | | | |
| b | | Nere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b X | | | | | | | | |
| С | W | /as the plan covered by a fidelity bond? | 10c | Х | | | | | | 40000 |
| d | | d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty? | x | | | | | | | |
| е | ins | ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.) | 10e | x | | | | | | 3614 |
| f | Ha | as the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | | | |
| g | Di | d the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | | | | | 2644 |
| h | | this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.) | 10h | | X | | | | | |
| i | | 10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | | | |
| 11 | | this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00)) | • | | | • | | | Yes | No |
| lf y | (If If a gra you En En Su | this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver | th | , and e | enter ti | he dat | e of tl | | | |
| е | Wi | Il the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Y | es | Ν | lo | N/A |
| Part | VI | Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Ha | as a resolution to terminate the plan been adopted in any plan year? | | | X | Yes | Ν | 0 | | |
| | lf ' | Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | | 0 |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | | |
| С | | during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to |) | | | | | |
| 1 | | 1) Name of plan(s): | | 13 | c(2) E | (2) EIN(s) 13c(3) PN(s) | | | | PN(s) |
| Caut | ion | : A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cai | use is | estab | lishec | <u>.</u> | | | |
| Inda | | prolition of particular and other paralition and forth in the instructions. I deplote that I have assemined this rate | rn /ra | oort in | ماسطنه | a if a | anling | hla | o Coho | dula |

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 09/28/2012 | PHYLLIS NATHANSON | | | | | |
|------|---|------------|--|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | | |
| SIGN | | | | | | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor | | | | | |

| | Form 5500-SF | | leturn/ Benefil | Report of Small Employ | OMB Nos. 1210-0110 1210-0089 | | | | | |
|--|---|---|--|---|---------------------------------|---|--|--|--|--|
| | Department of the Treasury Internal Revenue Service | 0 | 2011 | | | | | | | |
| | Department of Labor nployee Benefits Security Administration | Retirement Income Security Act of | ed under sections 104 and 4065 of the Employee f 1974 (ERISA), and sections 6057(b) and 6058(a) | | | | | | | |
| | ension Benefit Guaranty Corporation | | | Code (the Code). | | Inspection | | | | |
| P | art I Annual Report Id | entification Information | dance wit | h the instructions to the Form 550 | 0-SF. | | | | | |
| For | calendar plan year 2011 or fisca | al plan year beginning | 01/01/ | 2011 and ending | | 12/31/2011 | | | | |
| Α | This return/report is for: | a single-employer plan | a multiple | e-employer plan (not multiemployer) | | a one-participant plan | | | | |
| В | This return/report is: |] the first return/report | the final r | eturn/report | | | | | | |
| | [| an amended return/report | a short pla | an year return/report (less than 12 m | onths |) | | | | |
| С | Check box if filing under: | K Form 5558 | automatio | c extension | | X DFVC program | | | | |
| | [| special extension (enter description | on) | | | | | | | |
| Pa | art II Basic Plan Inform | nation—enter all requested inform | ation | | | | | | | |
| | Name of plan | | | | 1b | Three-digit | | | | |
| MO | RRIS NATHANSON DESI | GN, INC. 401(K) RETIR | EMENT | PLAN | | plan number (PN) ▶ 001 | | | | |
| | | | | | 1c | Effective date of plan | | | | |
| | | | | | | 01/01/1997 | | | | |
| 2a | Plan sponsor's name and addre RRIS NATHANSON DESI | ess; include room or suite number (e | mployer, i | for a single-employer plan) | 2b | Employer Identification Number | | | | |
| 110 | | on, me. | | | 20 | (EIN) 05-0340146 | | | | |
| 16 | 3 EXCHANGE STREET | | | | 20 | Sponsor's telephone number 401-723-3800 | | | | |
| | | | | | 2d | Business code (see instructions) | | | | |
| PA | WTUCKET | RI 02860 | | | | 541400 | | | | |
| 3a MO | Plan administrator's name and a RRIS NATHANSON DESI | address (if same as plan sponsor, e GN , INC . | nter "Same | e") | 3b | Administrator's EIN 05-0340146 | | | | |
| | 3 EXCHANGE STREET WTUCKET | RI 02860 | | | 3c | Administrator's telephone number 401-723-3800 | | | | |
| 4 | If the name and/or EIN of the p | lan sponsor has changed since the l | ast return/ | report filed for this plan, enter the | 4b | EIN | | | | |
| _ | name, EIN, and the plan numb | er from the last return/report. | | | | | | | | |
| | Sponsor's name | the beginning of the plan upor | | | | PN | | | | |
| 5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year | | | | | 5a | 12 | | | | |
| | | count balances as of the end of the | | | 5b | 9 | | | | |
| | complete this item) | count balances as of the end of the p | | uenned benefit plans do not | 5c | 9 | | | | |
| 6a | Were all of the plan's assets d | uring the plan year invested in eligib | le assets? | (See instructions.) | | X Yes No | | | | |
| b | Are you claiming a waiver of th | e annual examination and report of | an indeper | Ident qualified public accountant (IQI | PA) | X Yes No | | | | |
| | | | | ions.) SF and must instead use Form 55 | | | | | | |
| Pa | rt III Financial Informa | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year | | | | |
| а | Total plan assets | | . 7a | 70515 | 0 | 621486 | | | | |
| b | Total plan liabilities | | 7b | | | | | | | |
| C | | b from line 7a) | 7c | 70515 | 0 | 621486 | | | | |
| 8 | Income, Expenses, and Transfe | | | (a) Amount | 175.17 | (b) Total | | | | |
| а | Contributions received or received (1) Employers | vable from: | 8a(1) | 30 | 0 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| b | | | | -2731 | 6 | | | | | |
| с | | 3a(2), 8a(3), and 8b) | | | | -27016 | | | | |
| d | Benefits paid (including direct r | ollovers and insurance premiums | 8d | 5664 | 8 | | | | | |
| е | | ve distributions (see instructions) | 8e | | | | | | | |
| f | | s (salaries, fees, commissions) | | | 188 | | | | | |
| g | | ······ | | | | | | | | |
| h | | e, 8f, and 8g) | | | | 56648 | | | | |
| i | Net income (loss) (subtract line | 8h from line 8c) | 8i | | | -83664 | | | | |
| j | | e instructions) | 8j | | | | | | | |
| For P | anonyork Paduation Act Nation and Oth | B Control Numbers, see the instructions for | F | | | | | | | |

| | Act Notice a | | | | |
|--|--------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

Form 5500-SF (2011) v.012611

Plan Characteristics

Part IV

Page 2 -

| 92 | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: | | | | | | | | | |
|------------------------|--|--------------------------------------|----------|---------|-----------|-------------------------|---------------------|--------------|--|--|
| | 2E 2G 2J 3D | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature | codes from the List of Plan Chara | cterist | ic Cod | les in tl | ne instruction | 15: | | | |
| Par | V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | Yes | No | Δ | mount | | | |
| | Was there a failure to transmit to the plan any participant contributions w | ithin the time period described in | [| | | <u>م</u> | mount | **** | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C | • | 10a | | X | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do r | - , | | | 37 | | | | | |
| | on line 10a.) | 10b | | х | | | | | | |
| с | Was the plan covered by a fidelity bond? | | 10c | x | | | | 40000 | | |
| | | | | | | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? | | 10d | | x | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other pers | | | | | | | | | |
| | insurance service or other organization that provides some or all of the b | enefits under the plan? (See | | x | | | | 3614 | | |
| | instructions.) | | 10e | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | | 10f | | Х | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of yes | ar end) | 10g | x | | | | 2644 | | |
| | | | rug | | | | al that the sec | an an search | | |
| | If this is an individual account plan, was there a blackout period? (See in 2520.101-3.) | | 10h | | х | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the requ | | 1011 | | | | | | | |
| I | exceptions to providing the notice applied under 29 CFR 2520.101-3 | | 101 | | | | | | | |
| | | | 101 | L | | n de la parte de la com | <u>an ai dia na</u> | at Walved UM | | |
| *********** | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (5500)) | If "Yes," see instructions and con | nplete | Sched | lule SE | (Form | Yes | No | | |
| 12 | Is this a defined contribution plan subject to the minimum funding require | | | | | | Yes | X No | | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amo | rtized in this plan year, see instru | otiono | and a | ntor th | o data of the | lattor al | lina | | |
| Ci Ci | granting the waiver. | | | | | | | | | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (| | | | Duj | | | | | |
| | Enter the minimum required contribution for this plan year | | | Г | 12b | | | | | |
| | | | | F | 12c | | | | | |
| | Enter the amount contributed by the employer to the plan for this plan ye | | | ···· _ | 120 | | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount) | | | [| 12d | | | | | |
| | Will the minimum funding amount reported on line 12d be met by the fundament | ding deadline? | | | | Yes | No | N/A | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | X Y | ′es 🗌 No | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employed | er this vear | 1 | 3a | | | | 0 | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transf | | | | | | | | | |
| u | of the PBGC? | | | | nuoi | | ∏ Yes | X No | | |
| С | If during this plan year, any assets or liabilities were transferred from this | | | |) | | | | | |
| | which assets or liabilities were transferred. (See instructions.) | | 1 | 40 | -/2) [] | NI/~) | 42-12 | | | |
| | 3c(1) Name of plan(s): | | | 13 | c(2) El | N(S) | 130(3) | PN(s) | | |
| | | | 1 | | | | | | | |
| | | | | | | | | | | |
| ····· | | | 1 | | | | L | | | |
| Cau | ion: A penalty for the late or incomplete filing of this return/report wi | II be assessed unless reasonat | le cau | use is | estab | ished. | | | | |
| | r penalties of perjury and other penalties set forth in the instructions, I dec | | | | | | | | | |
| SB c | r Schedule MB completed and signed by an enrolled actuary, as well as th | e electronic version of this return | /repor | t, and | to the I | pest of my ki | nowledge | and | | |
| Delle | , it is true, gorreof, and complete. | | | | | | | | | |
| SIG | Munder og | 20 / 20/ 20HYLLIS NA | THAN | ISON | | | | | | |
| HEF | | / */ | ******** | | nina c | | latrot | | | |
| 1.345.85 124.945.93 | E Signature of plan administrator Da | te I Enter name of i | nuividi | ual SIG | ning as | s pian admin | ISITATOL | | | |
| SIG | | | | | | | | | | |
| HEF | E Signature of employer/plan sponsor Da | te Enter name of i | ndivid | ual sig | ning as | s employer o | r plan sp | onsor | | |