



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2018  
**Limited Liability Company**

2018 DEC 28 AM 11:42

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>001677176</b>		2. Exact name of the Limited Liability Company <b>Andrea S. Keogh Art &amp; Design, LLC</b>			
3. NAICS Code <b>442299</b>		4. Brief description of the character of business conducted in Rhode Island <b>Buying and selling Fine Art &amp; Antiques</b>			
5. State of Formation <b>CT</b>		<b>442299</b>			
6. Principal Office Address <b>59 Bellevue Avenue (mailing address p.o. box 267)</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Andrea S. Keogh, Andrea S. Keogh Art &amp; Design</b>			Contact Title <b>managing partner</b>		
Street Address <b>59 Bellevue Avenue, *mail to p.o. box 267</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Andrea S. Keogh</b>			Manager Name		
Street Address <b>134 Longfellow Road, *Mail to p.o. box 477</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment: <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person <b>Andrea S. Keogh</b>				Date <b>12/26/2018</b> <b>December 26, 2018</b>	
Signature of Authorized Person					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
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 FORM 632 - Revised: 08/2016