



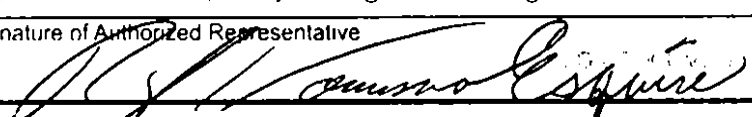
State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2019 JAN -4 PM 12:09

1. Entity ID Number <b>001690487</b>		2. Exact name of the Corporation <b>SARAH TOMASSO DESIGN, INC.</b>			
3. Principal Office Address <b>1258 ELMWOOD AVENUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>541430</b>		6. Brief description of the character of business conducted in Rhode Island <b>Graphic design services</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SARAH C. TOMASSO</b>			Vice-President Name <b>SARAH C. TOMASSO</b>		
Street Address <b>1258 ELMWOOD AVENUE</b>			Street Address <b>1258 ELMWOOD AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>SARAH C. TOMASSO</b>			Treasurer Name <b>SARAH C. TOMASSO</b>		
Street Address <b>1258 ELMWOOD AVENUE</b>			Street Address <b>1258 ELMWOOD AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS SERIES		
			100	COMMON	PAR VALUE
					\$1.00
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 <b>Raymond J. Tomasso, Esq. (Registered Agent)</b>					Date <b>01/03/2019</b>
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

FILED

JAN 04 2019

BY KL 4658x

FORM 630 - Revised: 10/2017