State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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.

1. Entity ID Number	2. Exact name of the Corporation		
001690487	SARAH TOMASSO DESIGN, INC.		
3. Principal Office Address	City	State	Zip
1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541430	Graphic design services		
5. State of Incorporation			
RHODE ISLAND			

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

President Name	Street Address	City	State	Zip
SARAH C. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Vice-Presicent Name	Street Address	City	State	Zip
SARAH C. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip
SARAH C.TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

Treasurer Name	Street Address	City	State	Zip
SARAH C. TOMASSO	1258 ELMWOOD AVENUE	PROVIDENCE	RI	02907

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

Director Name	Street Address	City	State	Zip
none				
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
none				
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

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
100	COMMON	$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	Date
Raymond J. Tomasso, Esq. (Registered Agent)	01/03/2019

Signature of Authorized Representative: Raymond J. Tomasso Esquire

FILED
JAN 04 2019 12:09
BY KL 4658

MAIL TO:
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