s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000159280</u>	<u>0</u>		
2. Exact Name of the Limited Liability Company $\underline{A-1 \text{ DESIGN LLC}}$			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found		entity. Download
<u>531311</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	Rhode Island
CONSULTING/MANA	<u>GEMENT</u>		
5. Principal Office Addre	SS		
No. and Street: 1 KI	NG PHILLIP ROAD		
		e: <u>RI</u> Zip: <u>02865</u> Co	ountry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Perso	n:
Contact Name: Contact	Title:		
No. and Street: 549 I	BRANCH AVENUE	<b>D</b> I	
City or Town: PRO	VIDENCE State	e: <u>RI</u> Zip: <u>02904</u> Co	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Z	Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER AIELLO <u>1 KING PHILLIP ROAD</u> <u>LINCOLN</u>, <u>RI</u> <u>02865</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 25 Day of September, 2019 at 7:34:32 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By KAREN M PULEO AIELLO

Signature of Authorized Person

Form No. 632 Revised 09/07

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