

FILED

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BY 133

Annual Report for the year: 2019 Limited Liability Company

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

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000311724	Studi	Studio Providence LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
541310	Design	Design Services				
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
146 Westminster Street			Providence	RI	02903	
7. Mailing Address of Limited	Liability Compa	any and Name or	Title of Contact Person		<u>-</u> -	
Contact Name Christopher Bardt			Contact Title Manager	Contact Title Manager		
Street Address 45 Medway Street			City Providence	State RI	Z _{ip} 02906	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Z:p	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	mation is currently	of record with the Department of Sta	ate Changes require filin	g Form 642.	
Under penalty of perjury, I o statements, and that all stat			examined this report, includin true and correct.	ig any accompanying	g schedules and	
Name of Authorized Person				Date		
Christopher Bardt				3-4-20		
Signature of Authorized Perso	on /		·		.	
		//d/\ ^{\$1} }	N DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov