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State of Rhode Island
Department of State - Business Services Division

FILED
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Annual Report for the year: 2020
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.

1 Entity ID Number	2. Exact name of the Limited Liability Company
000374197	KIMBERLY WOLCOTT DESIGNS, LLC
3 NAICS Code 339999	4 Brief description of the character of business conducted in Rhode Island: Designing, manufacturing and selling personal and decorative items.
5. State of Formation: Rhode Island	

6 Principal Office Address	City	State	Zip
24 Althea Street	Providence	RI	02907

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Guido R. Salvadore, Esq.	Registered Agent		
Street Address	**City**	**State**	**Zip**
10 Weybosset St., Suite 303	Providence	RI	02903

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Jane Kimberly Salvadore					
Street Address			**Street Address**		
24 Althea Street					
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02907			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642

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 Person	Date
Jane Kimberly Salvadore, Manager	10/9/20
Signature of Authorized Person: Jane Kimberly Salvadore	

MAIL TO:
Division of Business Services
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