STAMP

Annual Report for the year: 2018
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.

RECEIVED
R.I. DEPT. OF STATE BUS SVCS DIV

2021 FEB 25 A 9: 11

1. Entity ID Number 762625	I	Exact name of the Limited Liability Company     Origami Studios LLC				
3. NAICS Code 541490	4. Brief des	Brief description of the character of business conducted in Rhode Island     Web design and development services for small businesses.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
63 Welfare Avenue			Cranston	RI	02910	
7. Mailing Address of Limite	ed Liability Compa	iny and Name o	r Title of Contact Person		<u></u> L	
Contact Name Stephanie Castilla			Contact Title Owner/Member			
Street Address 63 Welfare Avenue			City Cranston	State RI	<sup>Zip</sup> 02910	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
·	I	<del> 1</del>		Check the box to	indicate an attachment	
9. The Resident Agent infor	mation currently o	of record with the	e RI Department of State is_acc			
Under penalty of perjury, statements, and that all s	l declare and aff tatements conta	irm that I have ined herein are	examined this report, includi true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Stephanie Castilla				2/22/21	2/22/21	
Signature of Authorized Per	rson					

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

FEB 2 5 2021

9113

BY 1 E607Z