



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001666132

**2. Exact Name of the Limited Liability Company** PRACTISE LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541490

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PRACTISE IS A DESIGN STUDIO WORKING WITH CLIENTS ON BOOK, EXHIBITION,  
TEXTILE, GRAPHIC,  
AND OTHER DESIGN PROJECTS.

**5. Principal Office Address**

No. and Street: 400 HARRIS AVE  
SUITE F

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SHARON CONNELL Contact Title: PARTNER

No. and Street: 400 HARRIS AVE  
SUITE F

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**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, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SHARON K. CONNELL THE DESIGN OFFICE, 3RD FLOOR 204 WESTMINSTER ST PROVIDENCE ,  
RI 02903

**Signed this 13 Day of June, 2021 at 7:40:47 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 SHARON CONNELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 13, 2021 07:40 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

