



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV
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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 001680187		2. Exact name of the Limited Liability Company Artpresso Design LLC			
3. NAICS Code 423620		4. Brief description of the character of business conducted in Rhode Island Coffee Maker Accessory Sales			
5. State of Formation Rhode Island					
6. Principal Office Address 50 Greenfield Road		City Cumberland	State RI	Zip 02864-4713	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jean Monti			Contact Title Managing Member		
Street Address 50 Greenfield Road		City Cumberland	State RI	Zip 02864-4713	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Jean Monti				Date 11/30/2021	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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