



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 10 2023

2023

1. Entity ID Number 001690487		2. Exact name of the Corporation Sarah Tomasso Design Inc.	
3. Principal Office Address 1258 Elmwood Avenue		City Providence	State RI
		Zip 02907	
4. NAICS Code 541430	6. Brief description of the character of business conducted in Rhode Island Graphic design services		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sarah C. Tomasso		Vice-President Name Sarah C. Tomasso	
Street Address 1258 Elmwood Avenue		Street Address 1258 Elmwood Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Sarah C. Tomasso		Treasurer Name Sarah C. Tomasso	
Street Address 1258 Elmwood Avenue		Street Address 1258 Elmwood Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Sarah C. Tomasso, President		Date 1-27-2023	
Signature of Authorized Representative <i>Sarah C Tomasso</i>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021