



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.

FILED STAMP
 MAR 27 2023
 BY *[Signature]*

1. Entity ID Number 1740376		2. Exact name of the Corporation ALTOMARI DESIGNS, INC			
3. Principal Office Address 786 BROAD ROCK ROAD		City WAKEFIELD		State RI	Zip 02879
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island 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 MICHAEL ALTOMARI			Vice-President Name MICHAEL ALTOMARI		
Street Address 786 BROAD ROCK ROAD			Street Address 786 BROAD ROCK ROAD		
City WAKEFIELD		State RI	Zip 02879	City WAKEFIELD	
Secretary Name MICHAEL ALTOMARI		Treasurer Name MICHAEL ALTOMARI			
Street Address 786 BROAD ROCK ROAD			Street Address 786 BROAD ROCK ROAD		
City WAKEFIELD		State RI	Zip 02879	City WAKEFIELD	
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	Zip	City	
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100		COMMON	
				NO PAR	
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. <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 Representative MICHAEL ALTOMARI				Date 3/21/2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov