

## State of Rhode Island Department of State - Business Services Division

医作品语序

Annual Report for the year: **Limited Liability Company** 

2022

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

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2023 AUG 16 P 2: 21

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001712100	STUDIO 29 LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541410	INTERIOR DESIGN			
5. State of Formation				
RI				
6. Principal Office Address	<u> </u>	City	State	Zip
29 OKIE ST		PROVIDENCE	RI _	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name OLIVIA BEAUREGARD		Contact Title  MEMBER		
Street Address 29 OKIE ST		<sup>City</sup> PROVIDENCE	State RI	<sup>Zip</sup> 02908
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person			Date	
OLIVIA BEAUREGARD			8/11/23	
Signature of Authorized Person Olivin Berner				

FILED

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov