



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 26 2024

Annual Report for the year:
Corporation2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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 ☐														
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	Zip 02907	City Providence	State RI	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	Zip 02907	City Providence	State RI	Zip 02907									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$1.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
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 1-24-2024										
Signature of Authorized Representative <i>Sarah C. Tomasso President</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov