



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 26 2024

v. 2023
[Signature]

Annual Report for the year: 2024
Corporation

- 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 <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	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 <input type="checkbox"/>					
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 <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	\$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