



State of Rhode Island  
Department of State - Business Services Division

FEB 07 2024  
1000  
02  
1000

Annual Report for the year: 2024  
Limited Liability Company

- 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 001717435		2. Exact name of the Limited Liability Company R. Gal's Workroom LLC	
3. NAICS Code 326199		4. Brief description of the character of business conducted in Rhode Island Custom interior seamstress and fabricator.	
5. State of Formation R.I.			
6. Principal Office Address 300 Willard Avenue		City Wakefield	State R.I.
		Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Rosemary Galiani		Contact Title	
Street Address Same as above		City -	State -
		Zip -	
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 Rosemary T. Galiani		Date January 28 2024	
Signature of Authorized Person Rosemary T. Galiani			

**MAIL TO:**  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov