



State of Rhode Island
Department of State - Business Services Division

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.

STAMP
FILED
FEB 22 2024
FOR STATE
BY *[Signature]*

1. Entity ID Number 141929		2. Exact name of the Corporation TASTE DESIGN, INC			
3. Principal Office Address 170 AQUIDNECK AVENUE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island ANY INTERIOR 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 PATRICIA R WATSON			Vice-President Name		
Street Address 211 CONANICUS AVENUE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			1,000	COMMON	NPV
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 PATRICIA R WATSON					Date 2.7.24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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