



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES S.D. 24 MAY 22 11:11 AM '24

Annual Report for the year: 2023
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 000113346		2. Exact name of the Corporation E.A. DESIGN LIMITED			
3. Principal Office Address 570 BROAD ST.			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 541340		6. Brief description of the character of business conducted in Rhode Island INTERIORS, DESIGN, PLANNING AND DRAFTING.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MARTIN E. EZEAMA			Vice-President Name		
Street Address 8 SUMMER COURT			Street Address		
City SMITHFIELD	State RI	Zip 02917	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			
		500	STK	0.0	
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 MARTIN E. EZEAMA				Date 5/22/2024	
Signature of Authorized Representative 					

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

MAY 22 2024
BY KM8HU

FORM 630- Revised: 12/2023