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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.

1. Entity ID Number <b>000099083</b>		2. Exact name of the Corporation <b>DENIS LEONTI DESIGN, LTD.</b>			
3. Principal Office Address <b>51 VIKING DRIVE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>238330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Interior design and consulting, sales of artwork, interior furnishings, floor installations, repair and refinishing.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DENIS M. LEONTI</b>			Vice-President Name <b>DENIS M. LEONTI</b>		
Street Address <b>51 VIKING DRIVE</b>			Street Address <b>51 VIKING DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>DENIS M. LEONTI</b>			Treasurer Name <b>DENIS M. LEONTI</b>		
Street Address <b>51 VIKING DRIVE</b>			Street Address <b>51 VIKING DRIVE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>50</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</b>
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. <i>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.</i>					
Name of Authorized Representative <b>DENIS M. LEONTI, PRESIDENT</b>				Date <b>5-17-24</b>	
Signature of Authorized Representative 					

FILED

MAY 31 2024

BY RVAK8

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

FORM 630 - Revised: 2/2023