

## State of Rhode Island Department of State - Business Services Division

REC'D RIDDS BSD '240CT 30 PM1:57:12

Annual Report for the year: 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.

7 5-12 15 11	10.5 1 40.110				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
1242723	Alli Coate, LLC	Alli Coate, LLC			
3. NAICS Code	4. Brief description of the c	Brief description of the character of business conducted in Rhode Island     Graphic Design			
541430	Graphic Design				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
94 Ferris Ave		Rumford	RI	02916	
7. Mailing Address of Limite	d Liability Company and Name o	r Title of Contact Person			
Contact Name Allison M Leson		Contact Title Owner			
Street Address 94 Ferris Ave		Cily Rumford	State RI	<sup>Zip</sup> 02916	
8. The Resident Agent infon	mation currently of record with the	e RI Department of State is acc	:urate. Changes require	e filing Form 642.	
	y, I declare and affirm that I hav atements contained herein are		iding any accompany	ring schedules and	
Name of Authorized Person			Date		
Allison M Leson		0	10/27/2024		
Signature of Authorized Pen	son Am	5			

FILED

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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 BY DY ZNM