

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

Annual Report for the year: 2019 **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	2. Exact name of the Limited Liability Company			
1242723	Alli Coate, LLC	Alli Coate, LLC		
3. NAICS Code 541430	4. Brief description of the character of business conducted in Rhode Island  Graphic Design			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
94 Ferris Ave		Rumford	RI	02916
7. Malling Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name Allison M Leson		Contact Title Owner		
Street Address 94 Ferris Ave		City Rumford	State RI	<sup>Zip</sup> 02916
8. The Resident Agent Infor	mation currently of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.
	ry, I declare and affirm that I hav tatements contained herein are		ding any accompany	ring schedules and
Name of Authorized Person			Date	
Allison M Leson			10/27/2024	
Signature of Authorized Pe	rson M	ン ン		

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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised: 12/2023