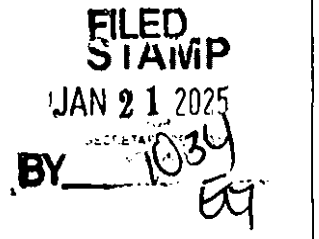




**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**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 <b>001720412</b>		2. Exact name of the Limited Liability Company <b>AURORA SALVADORE DESIGN LLC</b>	
3. NAICS Code <b>541410</b>		4. Brief description of the character of business conducted in Rhode Island <b>Engaging in interior design.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>38 Sunset Drive</b>		City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Aurora Salvadore</b>		Contact Title <b>Manager</b>	
Street Address <b>38 Sunset Drive</b>		City <b>East Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 Person <b>Aurora Salvadore, Manager</b>			Date <b>1/14/2025</b>
Signature of Authorized Person 			

**MAIL TO:****Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)