



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
FEB 12 2025  
BY 4735  
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1. Entity ID Number 000122809		2. Exact name of the Corporation TUPELO DESIGN STUDIO, LTD.			
3. Principal Office Address 386 DRY BRIDGE ROAD			City NORTH KINGSTOWN	State RI	Zip 023852
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island LANDSCAPE ARCHITECTURAL SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Catherine N. Weaver			Vice-President Name		
Street Address 386 Dry Bridge Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name Catherine N. Weaver		
Street Address			Street Address 386 Dry Bridge Road		
City	State	Zip	City North Kingstown	State RI	Zip 02852
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6,000	STK	\$0.00	
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. <b>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.</b>					
Name of Authorized Representative Catherine N. Weaver				Date Feb. 5, 2025	
Signature of Authorized Representative <i>Catherine N. Weaver</i>					

MAIL TO:  
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