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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 18 2025
BY 228

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.

1. Entity ID Number	2. Exact name of the Corporation			
001690487	Sarah Tomasso Design Inc.			
3. Principal Office Address		City	State	Zip
1258 Elmwood Avenue		Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541430	Graphic design services			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sarah C. Tomasso			Vice-President Name: Sarah C. Tomasso		
Street Address: 1258 Elmwood Avenue			Street Address: 1258 Elmwood Avenue		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Sarah C. Tomasso			Treasurer Name: Sarah C. Tomasso		
Street Address: 1258 Elmwood Avenue			Street Address: 1258 Elmwood Avenue		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: none			Director Name: none		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: none			Director Name: none		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$1.00

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.

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.

Name of Authorized Representative	Date
Sarah C. Tomasso, President	02/13/2025

Signature of Authorized Representative: Sarah C Tomasso President

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: 11/2021