

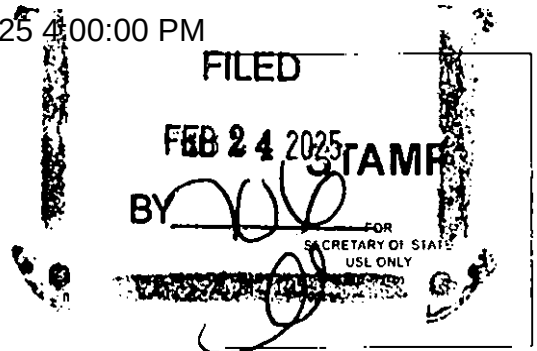


State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 141929		2. Exact name of the Corporation TASTE DESIGN, INC											
3. Principal Office Address 170 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842									
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island ANY INTERIOR DESIGN SERVICES											
5. State of Incorporation RHODE ISLAND													
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐													
President Name PATRICIA R WATSON		Vice-President Name											
Street Address 211 CONANICUS AVENUE		Street Address											
City JAMESTOWN	State RI	Zip 02835	City	State									
Secretary Name		Treasurer Name											
Street Address		Street Address											
City	State	Zip	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐													
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NPV			
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1,000	COMMON	NPV											
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 PATRICIA R WATSON			Date 2-10-25										
Signature of Authorized Representative 													