



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

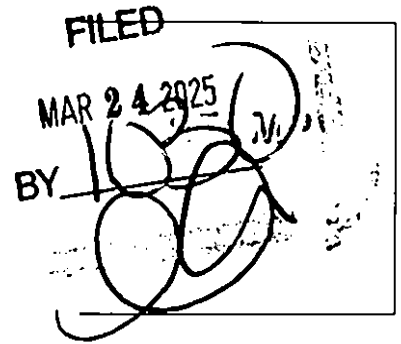
**Annual Report for the year:** 2024

**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<br><b>001777973</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Design Center Partners LLC</b>                           |                    |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate development</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                               |                    |
| 6. Principal Office Address<br><b>130 Mathewson ST</b>                                                                                                                                                         |  | City<br><b>Providence</b>                                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02903</b>                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                               |                    |
| Contact Name<br><b>Andrew Wade Keating</b>                                                                                                                                                                     |  | Contact Title<br><b>Member</b>                                                                                |                    |
| Street Address<br><b>130 Mathewson ST</b>                                                                                                                                                                      |  | City<br><b>Providence</b>                                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02903</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<br><b>Kaitlin McCarthy</b>                                                                                                                                                           |  | Date<br><b>3/22/25</b>                                                                                        |                    |
| Signature of Authorized Person<br><i>Kaitlin McCarthy</i>                                                                                                                                                      |  |                                                                                                               |                    |

**MAIL TO:**

**Division of Business Services**

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

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