

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

Annual Report for the year: **Limited Liability Company**

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 16	2025
(B)BY_117	<u>. </u>
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Entity ID Number	2. Exact name of the Limited Liability Company				
001758081	SAUNDERSTOWN WEAVING SCHOOL, LLC				
3. NAICS Code 813410	Brief description of the character of business conducted in Rhode Island A ONE-PERSON OWNER/TEACHER SCHOOL FOR WEAVING.				
5. State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
85 KELLEY RD		SAUNDERSTOWN	RI	02874	
7. Mailing Address of Limited L	ability Company and Name or	Title of Contact Person			
Contact Name NORMA L. S	TALEY	Contact Title MEMBER			
Street Address PO BOX 117		City SAUNDERSTOWN	State RI	^{Zıp} 02874	
8. The Resident Agent informat	ion currently of record with the	Rt Department of State is accurate. C	hanges require	e filing Form 642.	
9. Under penalty of perjury, I statements, and that all state		examined this report, including an	y accompany	ing schedules and	
Name of Authorized Person NORMA L STALEY, ME	EMBER		Date / 14	1/2025	
Signature of Authorized Person	& Draley		1 l		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov