



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025  
Limited Liability Company

APR 16 2025

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

*CBV* BY 1942

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>001696094</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Ford Design &amp; Consulting, LLC</b>                                                                           |                        |                     |
| 3. NAICS Code<br><b>541490</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>User interface and user experience application and website design for clients.</b> |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                                                                                      |                        |                     |
| 6. Principal Office Address<br><b>31 Aurora Drive</b>                                                                                                                                                          |  | City<br><b>Cumberland</b>                                                                                                                                            | State<br><b>RI</b>     | Zip<br><b>02864</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                                      |                        |                     |
| Contact Name<br><b>Kayleen Ford</b>                                                                                                                                                                            |  | Contact Title<br><b>Manager</b>                                                                                                                                      |                        |                     |
| Street Address<br><b>31 Aurora Drive</b>                                                                                                                                                                       |  | City<br><b>Cumberland</b>                                                                                                                                            | State<br><b>RI</b>     | Zip<br><b>02864</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>Kayleen Ford</b>                                                                                                                                                               |  |                                                                                                                                                                      | Date<br><b>4/11/25</b> |                     |
| Signature of Authorized Person<br><i>Kayleen Ford</i>                                                                                                                                                          |  |                                                                                                                                                                      |                        |                     |

MAIL TO:

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