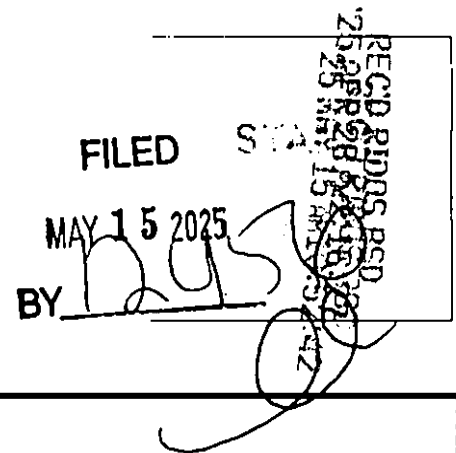




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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>001737397</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>STEWART HOUSE, LLC</b>                                                                          |                    |
| 3. NAICS Code<br><b>442299</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL BUSINESS SPECIALIZING IN ARTISAN HOMEWARES AND FINE ART</b> |                    |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                   |  |                                                                                                                                                      |                    |
| 6. Principal Office Address<br><b>32 DROWNE PARKWAY</b>                                                                                                                                                        |  | City<br><b>EAST PROVIDENCE</b>                                                                                                                       | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02916</b>                                                                                                                                  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                      |                    |
| Contact Name<br><b>KAREN DEUTSCH</b>                                                                                                                                                                           |  | Contact Title<br><b>MEMBER</b>                                                                                                                       |                    |
| Street Address<br><b>97 HOPE STREET</b>                                                                                                                                                                        |  | City<br><b>PROVIDENCE</b>                                                                                                                            | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02906</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>Jeffrey A. St. Sauveur</b>                                                                                                                                                     |  | Date<br><b>3-4-2025</b>                                                                                                                              |                    |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                           |  |                                                                                                                                                      |                    |

MAIL TO:

Division of Business Services  
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