State of Rhode Island

Department of State - Business Services Division

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STAMP FOR SECRETARY OF STATE USE ONLY

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	2. Exact name of the Corporation			
000099083	DENIS LEONTI DESIGN, LTD.			
3. Principal Office Address		City	State	Zip
51 VIKING DRIVE		BRISTOL	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238330	Interior design and consulting, sales of artwork, interior furnishings, floor installations, repair and refinishing.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DENIS M. LEONTI			Vice-President Name: DENIS M. LEONTI		
Street Address: 51 VIKING DRIVE			Street Address: 51 VIKING DRIVE		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Secretary Name: DENIS M. LEONTI			Treasurer Name: DENIS M. LEONTI		
Street Address: 51 VIKING DRIVE			Street Address: 51 VIKING DRIVE		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	COMMON	NO PAR VALUE

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	Date
DENIS M. LEONTI, PRESIDENT	3/7/25

Signature of Authorized Representative

FILED
MAY 16 2025
BY

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website:www.sos.ri.gov

FORM 630 - Revised: 2/2023