

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

Annual Report for the year:
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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001714888	Isabella Califano Ehrlich LLC					
3. NAICS Code 541410	Brief description of the character of business conducted in Rhode Island     HOUSE RENOVATION AND INTERIOR DESIGN					
5. State of Formation DELAWREE						
6. Principal Office Address		City	State	Zip		
7 KIRKLAND ROAD		CAMBRIDGE	MA	02138		
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person	<b>.</b>			
Contact Name   Contact Title   Manage		Contact Title Manager	er			
Street Address 7 KIRKLAND ROAD		City CAMBRIDGE	State MA	<sup>Zip</sup> 02138		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person		Date 9/17/2025				
Isabella Ehrlich						
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 17 202

FORM 632 - Revised: 12/2023