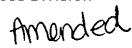
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## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2005



REC'D RIDOS 850 5 OCT 27 PK1:13:2

→ 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 Limited Liability Company				
D1673602	Studio Quiene ILC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541430	Chraphic design services suen as				
5. State of Formation	brand identities such as				
RI	brand identity development, packaging design and web design.				
6. Principal Office Address		City		State	Zip
37 Moderna Aue		Providence		RI	80960
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Kristin Silva		Owner Founder			
Street Address		City		State	Zip
37 Modera	Ave	Providen	<u>. حب</u>	RI	09908
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		
Kinstin Sil		10/25/2025			
Signature of Authorized Person					

**FILED** 

OCT 2 / 2025

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY KV 1:138M

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 27, 2025 01:13 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

