State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
145370	PEARL ENTERPRISES, LLC.						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
<b>⊘</b> \	CONSULTING.						
5. State of Formation	CONSOLTING.						
Rhode Island							
6. Principal Office Address	<u> </u>		City	State	Zip		
12 Mountaindale Road			Smithfield	RI	02917		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Mark A. Matteo Cor			Contact Title Member				
Street Address 12 Mountaindale	Road		City Smithfield	State RI	<sup>Zip</sup> 02917		
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<u>.</u>	<u> </u>		Che	ck the box to indi	cate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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			
MARK A. MATTEO			12/1/16				
Signature of Authorized Person SIGN DOCUMENT HERE							
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MAIL TO:

**Division of Business Services** 

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

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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