



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 26 2020
 BY 3536
QA

Annual Report for the year: 2020

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.

1. Entity ID Number 001673069		2. Exact name of the Limited Liability Company PFD, LLC			
3. NAICS Code 551114		4. Brief description of the character of business conducted in Rhode Island A HOLDING COMPANY			
5. State of Formation Rhode Island					
6. Principal Office Address 400 Smith Street			City Providence	State RI	Zip 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Daniel P. McKiernan			Contact Title Member		
Street Address 400 Smith Street			City Providence	State RI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Daniel P. McKiernan				Date 10/21/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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