	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
In accordance with R.I.G.L	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
ANNUAL REPORT YEAR			
1. ID No. <u>00057142</u>	<u>8</u>		
2. Exact Name of the Limited Liability Company PD & PD, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>448140</u>			
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted	d in Rhode Island
	E COMPANY IS TO OPERATE	A FASHION DESIGN	AND APPAREL
SALES BUSINESS.			
5. Principal Office Addre	255		
	41 ATWOOD AVE HNSTON State	: <u>RI</u> Zip: <u>02919</u>	Country: <u>US</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: PASQUALE DIPIPPO Contact Title:			
No. and Street: <u>184</u>	1 ATWOOD AVE		
City or Town: JOHNSTON State: RI Zip: 02919 Country: US 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
MANAGER	PASQUALE G. DIPIPPO	117 DERBYSHIRE CRANSTON, RI 02921 USA	

PASQUALE DIPIPPO

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HASLAW, INC. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY ALLEN PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2021 at 11:53:30 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By PASQUALE DIPIPPO

Signature of Authorized Person

Form No. 632 Revised 09/07

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