



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ 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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|---|-------------|---|--------------------|--------------|-----------------------|
| 1. Entity ID Number 89020 | | 2. Exact name of the Corporation LDL Studio, Inc. | | | |
| 3. Principal Office Address 106 Putnam Street | | City Providence | | State RI | Zip 02909 |
| 4. NAICS Code 541310 | | 6. Brief description of the character of business conducted in Rhode Island To provide complete architectural, interior designs, graphics and planning services. | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Gary M. Lepore | | Vice-President Name Gary M. Lepore | | | |
| Street Address 106 Putnam Street | | Street Address 106 Putnam Street | | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| Secretary Name Gary M. Lepore | | Treasurer Name Gary M. Lepore | | | |
| Street Address 106 Putnam Street | | Street Address 106 Putnam Street | | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Gary M. Lepore | | Director Name | | | |
| Street Address 106 Putnam Street | | Street Address | | | |
| City Providence | State RI | Zip 02909 | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES 600 | | CLASS/SERIES | PAR VALUE No Par |
| | | | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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 Representative Gary M. Lepore | | | | | Date MARCH 1, 2022 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021