




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 14 2023
 162678

- 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 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		600			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. <i>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.</i>					
Name of Authorized Representative Gary M. Lepore				Date 01/11/2023	
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