

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **Limited Liability Company**

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1. DEPT. OF STATE

PUB SYCS D

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

 \rightarrow Penalty: Additional \$25.00 fee if form is not filed by May 31. +2024 FEB 14 \rightarrow 1: 57

1 Entity ID Number	2. Exact name of the Limited Liability Company				
001733999	P&P Consolidated LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Construction				
238990					
5. State of Formation	7				
Rhode Island					
6. Principal Office Address	1	City	State	Zip	
14 Irons Avenue		Johnston	RI	02919	
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person			
Contact Name Kristine Peltier		Contact Title Owner			
Street Address 14 Irons Avenue		City Johnston	State RI	^{Zıp} 02919	
8. The Resident Agent informa	tion currently of record with the	RI Department of State is accu	rate. Changes requir	e filing Form 642.	
	l declare and affirm that I have ements contained herein are t	•	ding any accompany	ving schedules and	
Name of Authorized Person			Date / _ /		
Kristine Peltier	\bigcap		1128/24		
Signature of Authorized Perso	J/ // .				

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BY 6SBGm

MAIL TO:

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