



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 22 2024

BY [Signature]
[Signature]

Annual Report for the year: **2024**

Corporation _____

- 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 Pike | | | 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 | | | 10. Shares Issued 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. | | | 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 February 1, 2024 | |
| Signature of Authorized Representative <u>[Signature]</u> | | | | | |

MAIL TO:
Division of Business Services
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