



State of Rhode Island
Department of State - Business Services Division

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STATE OF RHODE ISLAND
DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION

Annual Report for the year: 2024
Limited Liability Company

- 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 001735181		2. Exact name of the Limited Liability Company Perfectly Personalizd, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island producing personalized products	
5. State of Formation Rhode Island			
6. Principal Office Address 14 Sorrell Road		City North Providence	State RI
		Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name LAUREN SCJARRETTA		Contact Title	
Street Address 14 Sorrell Road		City North Providence	State RI
		Zip 02904	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. 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 Person LAUREN SCJARRETTA		Date 3/20/24	
Signature of Authorized Person 			

FILED

APR 08 2024
BY SNBZ5

MAIL TO:

Division of Business Services
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