

## 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.

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## **STAMP**

FOR BECNETARY OF STATE USE ONLY

1. Entity ID Number 001741049	Exact name of the Limited Liability Company     pbandi LLC			
3. NAICS Code 812990	4 Brief description of the Doula Service	Brief description of the character of business conducted in Rhode Island     Doula Service		
5. State of Formation Rhode Island				
6. Principal Office Address	•	City	State	Zıp
11 Spring Street, Apt 2		Westerly	RI	02891
7. Mailing Address of Limited	d Liability Company and Name	or Title of Contact Person	•	
Contact Name Elana Ferrera		Contact Title Manager		
Street Address 11 Spring Street, Apt 2		City Westerly	State	<sup>Zip</sup> 02891
8 The Resident Agent inform	mation currently of record with	the RI Department of State is accu	irate. Changes requir	e filing Form 642.
	y, I declare and affirm that I h atements contained herein a	ave examined this report, include the true and correct.	ding any accompany	ring schedules and
Name of Authorized Person			Date	
Elana Ferrera			12/3/2024	
Signature of Authorized Pers	son		•	

MAIL TO:

Division of Business Services

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

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