

## State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: Limited Liability Company

2025\_

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD '24 DEC 27 AM 10:13:3
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1. Entity ID Number	2. Exact name of	the Limited Liability Company		<del></del>	
000 805593	Ideal	Printing, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
323/13	Commen	coial Printing			
5. State of Formation		iness and Apparel	(		
RI	1 Dust	ness and appared			
6. Principal Office Address		City	State	Zip	
24 Grecolane, S	He A	Warwick	KT	02886	
7. Mailing Address of Limited Li	ability Company and	Name or Title of Contact Person			
Contact Name		Contact Title	_		
Joseph E PA	moust	owner	-		
Street Address		City	State	Zip	
H Greco Care.	SLA	Musck	RI	08860	
8. The Resident Agent informat	ion currently of reco	rd with the RI Department of State is ac	curate. Changes requir	re filing Form 642.	
9. Under penalty of perjury, I statements, and that all state		that I have examined this report, incl erein are true and correct.	uding any accompan	ying schedules and	
Name of Authorized Person	_ 1		Date	/ /	
Joseph E	PALMONIS	<u></u>	10/11/01		
Signature of Authorized Person		-			
/ HAP					
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MAIL TO:

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