

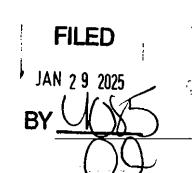
State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Limite	2. Exact name of the Limited Liability Company		
001757041	PEABODY'S R.I. LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541990	BUSINESS SERVICES			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
23 APPLETON LANE		NORTH SCITUATE	RI	02857
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name JODI CHARRON		Contact Title OWNER		
Street Address 23 APPLETON LANE		N SCITUATE	State RI	^{Zip} 02857
8. The Resident Agent inform	mation currently of record with the	a RI Department of State is accurate.	Changes require	e filing Form 642.
	y, I declare and affirm that I hav atements contained herein are	re examined this report, including true and correct.	any accompany	ring schedules and
Name of Authorized Person			Date	
JODI CHARRON		1/24/25		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov