



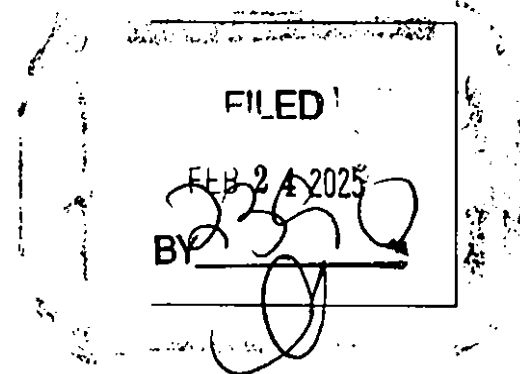
State of Rhode Island  
Department of State - Business Services Division

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<br><b>133721</b>                                                                                                                                                                    |  | 2. Exact name of the Limited Liability Company<br><b>Pellbro, LLC</b>                                                   |                    |
| 3. NAICS Code<br><b>53110</b>                                                                                                                                                                           |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Purchase &amp; Rental</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                            |  |                                                                                                                         |                    |
| 6. Principal Office Address<br><b>119 Roger Williams Drive</b>                                                                                                                                          |  | City<br><b>North Kingstown</b>                                                                                          | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>028582</b>                                                                                                    |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                         |                    |
| Contact Name<br><b>Brian Pellegrino</b>                                                                                                                                                                 |  | Contact Title<br><b>Managing Member</b>                                                                                 |                    |
| Street Address<br><b>(same as above)</b>                                                                                                                                                                |  | City                                                                                                                    | State              |
|                                                                                                                                                                                                         |  | Zip                                                                                                                     |                    |
| 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<br><b>Brian Pellegrino</b>                                                                                                                                                    |  | Date<br><b>02/05/25</b>                                                                                                 |                    |
| Signature of Authorized Person<br><i>Brian Pellegrino</i>                                                                                                                                               |  |                                                                                                                         |                    |

MAIL TO:

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