



**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.

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|---|--|--|--------------------|
| 1. Entity ID Number<br><b>001773197</b>   |  | 2. Exact name of the Limited Liability Company<br><b>PERFECTTIMING LLC</b>   |                    |
| 3. NAICS Code<br><b>448310</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>SELLING OF WATCHES ONLINE RETAILER</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>81 AMERICA WAY</b>  |  | City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02835</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>JACOB GILLIS</b>   |  | Contact Title<br><b>OWNER</b>  |                    |
| Street Address<br><b>81 AMERICA WAY</b>   |  | City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02835</b>  |                    |
| 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>JACOB GILLIS</b>  |  | Date<br><b>03/10/2025</b>  |                    |
| Signature of Authorized Person<br>  |  |  |                    |

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

**MAR 18 2025**  
**BY TETBM**