RI SOS Filing Number: 202568378430 Date: 3/27/2025 12:56:00 PM



## State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- **1. ID No.** 000559949
- 2. Exact Name of the Limited Liability Company  $\underline{PEPSI\text{-}COLA\ NATIONAL\ MARKETING},$  LLC
- 3. State of Formation

State: DE

## **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

541860

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PEPSI-COLA NATIONAL MARKETING, LLC IS A SINGLE MEMBER LLC THAT IS OWNED BY

PEPSI-COLA ADVERTISING AND MARKETING, INC. (PCAM). IT WAS FORMED NOVEMBER

3, 2010 IN ORDER TO MEET A RESTRUCTURING NEED OF THE BUSINESS. FOR MANAGEMENT REPORTING PURPOSES A BUNCH OF PEOPLE MOVED FROM THE PCNA WORLD

OVER TO THE BOTTLING WORLD. AT THE TIME WE HAD 2 PAYROLL SERVICE PROVIDERS,

ADP AND HEWITT. NEITHER ONE OF THEM WOULD AGREE TO CONSOLIDATE INFORMATION

FROM THE OTHER INTO A CONSOLIDATED SUI OR W-2 FILING FOR PCAM. SO WE FORMED

THIS NEW ENTITY IN ORDER TO PAY PEOPLE THAT MOVED. BECAUSE IT IS A SINGLE

MEMBER LLC IT IS DISREGARDED FOR TAX PURPOSES AND THE INCOME AND EXPENSE

FLOWS DIRECTLY INTO PCAM. BECAUSE IT HAS ITS OWN FEIN IT WAS ABLE TO PAY

THE PEOPLE THAT MOVED OVER. THIS ALL FALLS UNDER FELITIA LEE UP IN SOMERS.

## 5. Principal Office Address

No. and Street: 700 ANDERSON HILL ROAD

City or Town: PURCHASE State: NY Zip: 10577 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 700 ANDERSON HILL ROAD

City or Town: PURCHASE State: NY Zip: 10577 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of March, 2025 at 12:56:46 PM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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