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State of Rhode Island **Department of State - Business Services Division**

FILED

APR 15 2025

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.

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Entity ID Number	2 Exact name of the Limited Liability Company					
000571428	PD+PD LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
448140	Apparel					
5. State of Formation	1 Practice					
RI_		_		· 		
6. Principal Office Address City		State	Zip			
312 DOOMFA 1481		Johnston	RI	05010		
7. Mailing Address of Limited Lia	ibility Company and Name or Title	e of Contact Person	<u>-</u>			
Contact Name Contact Title						
Pasauale Divio	ρ()	OWNER				
Street Address		Çıty	State	Zip		
1A DOOWTA 1481	1e	Johnston	KI	02919		
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 Date						
Pasavale Dipippo			4-1-2025			
Signature of Authorized Person						
/ lune / yma						

MAIL TO:

Division of Business Services

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

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