

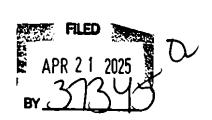
State of Rhode Island **Department of State - Business Services Division**

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 Limit	2. Exact name of the Limited Liability Company			
000911647	PERFECT SURF	PERFECT SURROUNDINGS INTERNATIONAL, LLC			
3. NAICS Code 711300		Brief description of the character of business conducted in Rhode Island DESIGN SERVICES			
5. State of Formation RI					
6. Principal Office Address 23 GREENOUGH PLACE		City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limit	ed Liability Company and Name o	r Title of Contact Person	<u>. </u>		
Contact Name PATRICIA CARBOTTI		Contact Title ADMINISTRATOR			
Street Address P O BOX 508		City NEWPORT	State	Zip 02840	
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is accura	ate. Changes requir	1	
9. Under penalty of perju	ry, I declare and effirm that I hav tatements contained herein are	re examined this report, includi			
Name of Authorized Person PATRICIA CARBOTTI			Oate apus Jus 1		
Signature of Authorized Re	rson Licu Carlay		7.0	- , G UA !	

MAIL TO:

Division of Business Services

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

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