

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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 001739687	2. Exact name of the Limited Liability Company D' JULIAN, LLC				
3. NAICS Code 424480	Brief description of the character of business conducted in Rhode Island WHOLESALE				
5. State of Formation RHODE ISLAND				,	
6. Principal Office Address		City	State	Zip	:
1240 DIAMOND HILL ROAD APT 4		WOONSOCKET	RI	. 02895	, ,
7. Mailing Address of Limiter	d Liability Company and Name or Tit	e of Contact Person			١.
Contact Name JULIAN LOPEZ		Contact Title MANAGER			
Street Address 1240 DIAMOND HILL ROAD APT 4		City	State	Zip 02895	
8. The Resident Agent inform	mation currently of record with the RI	Department of State is accurate	. Changes require	filing Form 642.	
9. Under penalty of perjury	y, I declare and affirm that I have e atements contained herein are tru	xamined this report, including	any accompanyi	ng schedules a	nd :
Name of Authorized Person			Date		
JULIAN LOPEZ			12/26/2024		
Signature of Authorized Per	son				

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MAIL TO:

Division of Business Services

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

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