

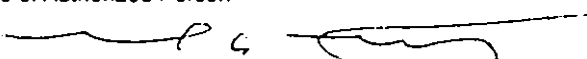


State of Rhode Island  
Department of State - Business Services Division

REC'D RHODES BSD  
MAY 7 2023 5:22

Annual Report for the year: 2022  
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<br><b>000145370</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>PEARL ENTERPRISES, LLC</b>                  |                    |
| 3. NAICS Code<br><b>541330</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CONSULTING</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                  |                    |
| 6. Principal Office Address<br><b>12 MOUNTAINDALE RD</b>                                                                                                                                                |  | City<br><b>SMITHFIELD</b>                                                                        | State<br><b>RI</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>02917</b>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                  |                    |
| Contact Name<br><b>MARK MATTEO</b>                                                                                                                                                                      |  | Contact Title<br><b>SOLE PROPRIETOR</b>                                                          |                    |
| Street Address<br><b>6836 PHILLIPS PLACE CT</b>                                                                                                                                                         |  | City<br><b>CHARLOTTE</b>                                                                         | State<br><b>NC</b> |
|                                                                                                                                                                                                         |  | Zip<br><b>28210</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>MARK MATTEO</b>                                                                                                                                                         |  | Date<br><b>05/02/2025</b>                                                                        |                    |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                  |                    |

**FILED**  
**MAY 07 2025**  
**BY A8ZCR**  
4:04

MAIL TO:  
Division of Business Services  
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