



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

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.

2025 MAY -9 A 9:39

1. Entity ID Number 001780954		2. Exact name of the Limited Liability Company PB PVD SoCo, LLC	
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island Real Estate Management	
5. State of Formation RI			
6. Principal Office Address 30 Lonesome Pike		City Cumberland	State RI
Zip 02864			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney	
Street Address 50 Park Row West, Suite 107		City Providence	State RI
Zip 02903			
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 Erik Hamel			Date 4/22/2025
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAY 09 2025
BY 36250
ECJ