

Annual Report for the year: **Limited Liability Company**

2024

-> 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	2. Exact name of the Lin	2. Exact name of the Limited Liability Company			
001720195	Paillian, LLC				
3. NAICS Code 323111	Brief description of the character of business conducted in Rhode Island Sublimation Crafts				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
3 Glenview Dr, Lincoln RI 02865		Lincoln	RI	02865	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name Alison Levasseur		Contact Title Owner			
Street Address 3 Glenview Drive		City Lincoln	State	^{Zip} 02865	
8. The Resident Agent info	mation currently of record with	the RI Department of State is acc	curate. Changes requir	e filing Form 642.	
9. Under penalty of perjui statements, and that all s	y, i declare and affirm that i i tatements contained herein a	have examined this report, incluing true and correct.	iding any accompany	ying schedules and	
Name of Authorized Persor Alison Levas			Date 7/29/2025		
Signature of Authorized Per	rson Blison Levasseu	^			

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BY MF027

MAIL TO:

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