

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

2023 Annual Report for the year: **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.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2025 AUG 21 A 10: 39

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|------------------------------------|---|---|------------------------|----------------------|
| 001720195 | Paillian, LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 323111 | Sublimation Crafts | 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 | d Liability Company and Name | or Title of Contact Person | | |
| Contact Name Alison Levasseur | | Contact Title Owner | | |
| Street Address 3 Glenview Drive | | City Lincoln | State RI | ^{Zip} 02865 |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is acc | curate. Changes requir | e filing Form 642. |
| | y, I declare and affirm that I hat an atoments contained herein a | ave examined this report, inclure true and correct. | iding any accompany | ring schedules and |
| Name of Authorized Person | | | Date 7/29/2025 | |
| Alison Levasseur | | | "" | <i>3)</i> 2023 |
| Signature of Authorized Per | son Alison Levasseur | | | |

RUED

AUG 21 2025 / 0:40

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY MFOZ7