

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

Annual Report for the year: 2023 **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.

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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			
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	<sup>Zip</sup> 02865
8. The Resident Agent infon	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 i atements contained herein a	ave examined this report, incluing true and correct.	iding any accompany	ring schedules and
Name of Authorized Person			Date 7/29/2025	
Alison Levasseur			"/"	3, 2023
Signature of Authorized Per	son Alison Levasseur			
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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 BY MFOZ7