



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 294948		2. Exact name of the limited liability company TOMAZ REMODELING LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island ALL TYPES OF REMODELING + CONSTRUCTION			
5. Principal office address 47 HOWLAND RD.		City CRANSTON	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAIME TOMAZ			Contact Title OWNER		
Street Address 47 HOWLAND RD.		City CRANSTON	State RI	Zip 02910	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name [Redacted]			Manager Name [Redacted]		
Street Address [Redacted]			Street Address [Redacted]		
City [Redacted]	State [Redacted]	Zip [Redacted]	City [Redacted]	State [Redacted]	Zip [Redacted]
Manager Name [Redacted]			Manager Name [Redacted]		
Street Address [Redacted]			Street Address [Redacted]		
City [Redacted]	State [Redacted]	Zip [Redacted]	City [Redacted]	State [Redacted]	Zip [Redacted]
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date **FILED**

Check No **SEP 02 2010**

By: **1146**

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person **Jaime Tomaz** Date **9/1/10**

Print or Type Name of Authorized Person **JAIME TOMAZ**