



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

SEP 03 10:54 AM '13  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

1. Entity ID No. <u>789-128</u>		2. Exact name of the limited liability company <u>AR. AS HVARCAS LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>FLOOR Restoration</u>			
5. Principal office address <u>61 HENRY ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI 02863</u>		Zip <u>02863</u>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>JOSE T. ARIAS</u>		Contact Title			
Street Address <u>61 HENRY ST</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name		Manager Name			
Street Address <u>JOSE T. ARIAS</u>		Street Address			
City <u>SAME AS ABOVE</u>	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY** 204956  
KM

**FILED**  
 10:54 AM  
 SEP 03 2013

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.  
Jose T. Arias  
 Signature of Authorized Person  
JOSE T ARIAS  
 Print or Type Name of Authorized Person  
9-3-13  
 Date