



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.

1. Entity ID No. <i>000294948</i>		2. Exact name of the limited liability company <i>TOMAZ REMODELING LLC</i>			
3. State of Formation <i>RI</i>		4. Brief description of the character of business conducted in Rhode Island <i>REMODELING CARPENTRY</i>			
5. Principal office address <i>47 Howland Rd.</i>		City <i>CRAWFORD</i>	State <i>RI</i>	Zip <i>02910</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>JAIME TOMAZ</i>		Contact Title <i>OWNER</i>			
Street Address <i>47 Howland Rd.</i>		City <i>CRAWFORD</i>	State <i>RI</i>	Zip <i>02910</i>	
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"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2013 OCT 29 AM 11:33
 SECRETARY OF STATE
 CORPORATIONS DIV.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 OCT 29 2013
 19-209404

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.

Jaime Tomaz
 Signature of Authorized Person
 Date *10/29/13*
 Print or Type Name of Authorized Person
JAIME TOMAZ

A.A.