

## 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. <b>793926</b>		2. Exact name of the limited liability company The Handyman Can, LLC				
3. State of Formation 10/18/2012	Brief description of the character of business conducted in Rhode Island     General Household Repairs					
5. Principal office address 14 Murphy Drive			City Cumberland	State RI	Zip <b>02864</b>	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	nesigradacitado	
Contact Name Michael D. Maguire			Contact Title			
Street Address 14 Murphy Drive			City Cumberland	State RI	Zip <b>02864</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
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 R				<u> </u>		
This information is curren	tly of record in the	Office of the Secr	etary of State. Changes require fi	ling Form 642.		

## FILED

JAN 0 2 2014 *QVaQ* 

BY			
	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying schedules and statements,		
그는 무슨 바이는 것을 받는 사용을 보는 것이다.	and that all statements contained herein are true and correct.		
Check No	Mich (Amore ) 12/22/12		
	11100 110900 1213000		
·By: - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Michael D. Maguire		
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012