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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 2008

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.	2. Exact name of the limited liability company		
000294723	**Advanced Improvements, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Connecticut	**General Contractor**		
5. Principal office address	City	State	Zip
61 W Main Street	**Mystic**	**CT**	**06355**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
David Preka	**Member/Owner**		
Street Address	City	State	Zip
61 W Main Street	**Mystic**	**CT**	**06355**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

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.

2014 AUG 19 AM 10:19

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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AUG 19 2014
BY LL 230622
10:20

Form No. 632
Revised: 01/2012

110247-7-983677

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.

August 7, 2014
Signature of Authorized Person — Date

David Preka
Print or Type Name of Authorized Person