



and Providence Plantations.
Office of the Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 141517		2. Exact name of the limited liability company: B.A. Carpentry LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Carpentry			
5. Principal office address 20 Joseph Road		City Portsmouth	State R.I.	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Bruce Alvanas		Contact Title Owner			
Street Address 20 Joseph Road		City Portsmouth	State R.I.	Zip 02871	
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) ☐					
Manager Name Bruce Alvanas		Manager Name			
Street Address 20 Joseph Road		Street Address			
City Portsmouth	State R.I.	Zip 02871	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 of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 21 2014

BY 1516

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

141517

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.

Bruce Alvanas 10/17/14
Signature of Authorized Person Date
Bruce Alvanas
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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