RI SOS Filing Number: 201452537830 Date: 12/30/2014 4:00 PM

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 2014

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		
0001603364	A HANDY SERVICE LLC.		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
R.I.	Handyman		
5. Principal office address: 43 Pinehurst rd.	City: E.P.	State: R.I.	Zip: 02915

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

Contact Name: Michael T. McDuff	Contact Title: Owner/Operator		
Street Address: 43 Pinehurst rd.	City: E.P.	State: R.I.	Zip: 02915

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

Manager Name: N/A			Manager Name: N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City: N/A	State	Zip	City: N/A	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.

RECEIVED
2014 DEC 30 PM 2:08
SECRETARY OF STATE
CORPORATIONS DIV

FILED
DEC 30 2014
BY 239393

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

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.

Michael T. McDuff 12-30-14
Signature of Authorized Person — Date

Michael T. McDuff
Print or Type Name of Authorized Person

115184-2-1004714
Form No. 632
Revised: 01/2012