



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. <u>000825602</u>		2. Exact name of the limited liability company <u>Johnny's Home Solutions General</u>			
3. State of Formation <u>R-I</u>		4. Brief description of the character of the business <u>CONTRUCTION</u>			
5. Principal office address <u>24 Rickland</u>		City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Bienuenido Rodriguez</u>			Contact Title <u>owner</u>		
Street Address <u>24 Rickland</u>		City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
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 <u>Bienuenido Rodriguez</u>		Manager Name			
Street Address <u>24 Rickland ave.</u>		Street Address			
City <u>central falls</u>	State <u>RI</u>	Zip <u>02863</u>	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.					

*Contractor LLC*

2015 MAR 30 PM 3:19  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED**  
 MAR 30 2015  
 By 245848  
A.A.

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.

Bienuenido Rodriguez 3/30/15  
 Signature of Authorized Person Date  
Bienuenido Rodriguez  
 Print or Type Name of Authorized Person