	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	LOGOUT



ANNUAL REPORT YEAR: 2015
1. ID No. <u>000797762</u>
2. Exact Name of the Limited Liability Company <u>Roofing and Home Solutions, LLC</u>
3. State of Formation State: <u>CT</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island A home improvement company <div style="text-align: center;"> <p>FILED</p> <p>OCT 23 2015</p> <p>BY <u>1082</u></p> </div>
5. Principal Office Address No. and Street: 34 BILLINGS LAKE ROAD City or Town: NORTH STONINGTON State: <u>CT</u> Zip: 06359 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: NICHOLAS D MANDES Contact Title: No. and Street: 34 BILLINGS LAKE ROAD City or Town: NORTH STONINGTON State: <u>CT</u> Zip: 06359 Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:
 Clear Add

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
 Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CHIP MULLER 155 SOUTH MAIN STREET, SUITE 101 PROVIDENCE , RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: NICHOLAS D MANDES

Business Name: ROOFING AND HOME SOLUTIONS

No. and Street: 34 BILLINGS LAKE ROAD - Same Address as - ▼


City or Town: North Stonington State: CT Zip: 06359 Country: USA

Contact Phone: (401) 212-0135 ext:

Contact Email: ROOFINGANDHOMESOLUTIONS@ Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of October, 2015 at 4:11:27 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Nicholas D Mandes 
 Signature of Authorized Person

FILED
 OCT 23 2015

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this BY 1082
 Accept Decline W.A. ATTORNEY

[Click HERE to Submit This Information](#)

Form No. 632
 Revised 09/07