

## 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 2015

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. 866156	2. Exact nar Mike's R	2. Exact name of the limited liability company  Mike's Remodeling, LLC				
3. State of Formation	4. Brief desc Construc	4. Brief description of the character of business conducted in Rhode Island  Construction & Home Improvement				
5. Principal office address 357 Putnam Pike			City CPA	State RI	Zip <b>02917</b>	
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Joseph Passaretti, CPA		Contact Title CPA				
Street Address 357 Putnam Pike			City Smithfield	State RI	Zip <b>02917</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBER	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	anager Name			Manager Name		
Street Address			Street Address			
Sileet Address				In:		
	State	Zip	City	State	Zip	
City  8. RESIDENT AGENT IN I		Zip	City	State	Zip	

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Ву:		
FOR SECRETARY OF STA	TE USE ONLY	

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Michael Charbatji
Print or Type Name of Authorized Person

MI CLIF CHANG Signature of Authorized Person

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 havein are true and correct.

10 -27-15<sup>-</sup>

Form No. 632 Revised: 01/2012