

1. Entity ID No.

## 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.

2. Exact name of the limited liability company

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

000 986115	ERRY	Hone	MainTene	NCE L	LC.
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	CONT	ractor	(Home Ref	sair)	
5. Principal office address 20 Prospect	SQUAR	₹	City	State RT	Zip 02898
6. MAILING ADDRESS OF LIM	TED LIABILITY C	DMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	
Contact Name Richard A I	PERRY	JR	Contact Title  Member	<b>~</b>	
Street Address 20 Prospect			City	State RI	21p 02898
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN"	ES AND ADDRES	SES) OF THE LIMITE	D LIABILITY COMPANY, IF AP	PLICABLE - <u>Do</u>	NOT LIST MEMBERS
Manager Name  MA			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE			<u>'</u>		
This information is currently of	record in the Offi	ce of the Secretary of	f State. Changes require filing	Form 642.	
	В	FILED NOV 0 9 2	•		
File Date Check No By: FOR SECRETARY OF STATE L		ч.	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.  Richard Person  Date  Richard APERRY JR  Print or Type Name of Authorized Person		
orm No. 632					

Form No. 632 Revised: 01/2012