

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. 1335476		2. Exact name of the limited liability company RON'S HANDYMAN SERVICES, LLC					
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL CONSTRUCTION					
5. Principal office address 6101 POST ROAD, #81			City NORTH KINGSTOWN	State RI	Zip 02852		
ESCHALL	AND A PARTIE	FY COMPANY AND	NAME OF THE OF GONTACT PERSO	N:			
Contact Name RONALD S. GEEDY			Contact Title MEMBER				
Street Address 6101 POST ROAD, #81			City NORTH KINGSTOWN	State RI	Zip 02852		
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APPL	ICABLE - DO	NOTE STANGMENTS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RH	GDE ISLAND			. 1.			
ACE CONTRACTOR SHEET AND ADMINISTRATION OF THE PARTY AND ADMIN	Bullet in a second of the second	e Office of the Secr	etary of State. Changes require filing F	orm 642.			

NOV 1 6 2015

	Under penalty of perjury, I declare and a this report, including any accompanying and that all statements contained hereir	anying schedules and statements,	
Sheck No	× (/)	11/09/2015	
By:	Signature of Authorized Sepson	Date	
The against of artist that all V	RONALD S.GEEDY	<u>,</u>	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012