



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. 000875602		2. Exact name of the limited liability company Johnny Home Solutions General Contractor LLC			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island Construction			
5. Principal office address 24 Richland ave		City Central falls	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Bienvenido Rodriguez		Contact Title OWNER			
Street Address 24 Richland ave.		City Central falls	State RI	Zip 02863	
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 Bienvenido Rodriguez		Manager Name			
Street Address 24 Richland		Street Address			
City Central falls	State RI	Zip 02863	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.					

**FILED**  
 NOV 30 2015  
 2102130  
 A.A.

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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.

Bienvenido Rodriguez 11/30/15  
 Signature of Authorized Person Date

Bienvenido Rodriguez  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 BY \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY