1. Entity ID Number OI 03 3 9 K AVANCE of Property Main Fench & Fencion Full 3. NAIGS Code 4. Brief description of the character of business conducted in Rhode Island I Let' Y on to all ymain Fench & Fencion Fencion Fencion Bundle Lodged 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Street Address City Contact Name Manager Name Manager Name Manager Name Street Address City State Zip City Wallow State Zip City Manager Name Street Address City State Zip City State Zip City State Zip City Manager Name Street Address City State Zip City State Zip City Manager Name Street Address City State Zip Check the box to indicate an attachment Jender 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 Name of Anghorized Person Date Jenuary	Annual Report for the year:						SECRETARION OF COMMISSION OF C	
5. State of Formation Render Language 6. Principal Office Address City 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Owner Street Address Street Address City Manager Name Street Address City State Zip Zip Zip Zip Zip Zip Zip Zi		001033968	Havano	ced from	verty maintenan	se + senva	6 6 T	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title City Providenc Street Address Street Address City State Street Address City State Street Address City State Street Address City Manager Name Street Address City State State State Check the box to indicate an attachment Check the box to indicate an attachment Statements 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. Name of Authorized Person Date G-14-7-118 Signature of Authorized Person	5.	53 State of Formation Whole Tolghd	Residental maintenance and Interior Feneration					
Contact Title OWNER Street Address Edity Froundless Street Address Manager Name Manager Name Street Address City Manager Name Manager Name Street Address City State Zip Zip Zip Zip Zip Zip Zip Zi	IL	This Address of the			Pru,	State	Zip 67907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Anythorized Person Date 9. Regident Person Date 9. Person	Co	Contact Name VIEIVG			Contact Title			
Manager Name Street Address City State Zip City State Zip City Manager Name Street Address City State Zip Manager Name Street Address City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Signature of Authorized Person Signature of Authorized Person		755 EGYY ST	reet		Providence	1 167.	Zip 17907	
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Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Date 9-14-7018 Signature of Authorized Person	Str	Street Address			Street Address			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Date 9-14-7018 Signature of Authorized Person	City	,	State	Zip	City	State	Zip	
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. Name of Authorized Person Date 9-14-7018 Signature of Authorized Person		Decident American Company			(Check the box to inc	dicate an attachment	
Name of Anthorized Person Signature of Authorized Person Signature of Authorized Person	9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Signature of Authorized Person	outcinents, and that an statements contained herein are true and correct.							
Signature of Authorized Person SIGN DOCUMENT HERE		autonio V	heira			Date 9-14	9-14-2018	
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By AC 28345 2.

State of Rhode Island and Providence Plantations

MAIL TO:

Division of Business Services

Phone: (401) 222-3040

Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-2615

Department of State - Business Services Division

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