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Annual Report for the year: **Limited Liability Company** 

→ Filing period: September 1 - November 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	RON'S HA					
2 MAICC Code	4. Brief des	2. Exact name of the Limited Liability Company RON'S HANDYMAN SERVICES, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     RESIDENTIAL AND COMMERCIAL CONSTRUCTION					
25						
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
6101 POST ROAD, #81			NORTH KINGSTOWN	RI	02852	
7. Mailing Address of Limited Lia		ny and Name or				
Contact Name RONALD S. GEEDY			Contact Title MEMBER			
Street Address 6101 POST ROAD, #81			City NORTH KINGSTOWN	State RI	<sup>Zip</sup> 02852	
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICABLE -	DO NOT LIST ME	MBERS	
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	
	I		Ch	neck the box to ind	icate an attachment	
9. Resident Agent in Rhode Islar	id. This inform	ation is currently o	of record with the Department of State. Ch	anges require filing f	Form 642.	
Under penalty of perjury, I dec statements, and that all staten			examined this report, including any true and correct.	/ accompanying s	schedules and	
Name of Authorized Person				Date		
RONALD S. GEEDY				09/13/2016		
Signature of Authorized Person	Ph	SION I	DOCUMENT HERE			
	7/				II ED	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 08/2016