



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000145204

**2. Exact Name of the Limited Liability Company** WILLIAM GOULD ARCHITECTURAL PRESERVATION LLC

**3. State of Formation**

State: CT

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

23

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RESTORATION AND PRESERVATION OF ANTIQUE BUILDINGS

**5. Principal Office Address**

No. and Street: 102 ANGEL ROAD

City or Town: POMFRET CENTER

State: CT

Zip: 06259

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 102 ANGEL ROAD

City or Town: POMFRET CENTER

State: CT

Zip: 06259

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | WILLIAM H GOULD JR.                            | 102 ANGEL ROAD<br>POMFRET CENTER, CT 06259 USA             |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

HERITAGE RESTORATION, INC. 122 MANTON AVENUE BOX 7 PROVIDENCE , RI 02909

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 19 Day of October, 2016 at 10:40:34 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM H. GOULD JR.  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved