| State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State | | | |
|--|--|--------------------------------|---------------------|
| Division Of Business Services 148 W. River Street | | | |
| Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| TOPE () | | | |
| 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. <u>000542853</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>SENRA & SON TILE INSTALLATION, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | | | |
| ARTICLE III | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| | | | |
| NAICS Code | | 6 | <u>23</u> |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| IT IS A TILE COMPANY. I INSTALL TILE IN KITCHENS AND BATHROOMS FLOORS, | | | |
| SHOWERS AND BACK SPLASH. | | | |
| | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: 127 | HATFIELD STREET | | |
| | | e: <u>RI</u> Zip: <u>02861</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact Title: | | | |
| No. and Street: <u>127 HATFIELD STREET</u> | | | |
| | | e: <u>RI</u> Zip: <u>02861</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| | | | |
| Title | Individual Name First, Middle, Last, Suffix | Address City or Town St | |
| First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country | | | |
| 1 | | | |

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

EDUARDO C. SENRA 259 PERRIN AVENUE, 1ST FLOOR PAWTUCKET, RI 02861

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

Signed this 25 Day of October, 2016 at 12:17:33 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 EDUARDO SENRA

Signature of Authorized Person

Form No. 632 Revised 09/07

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