

Annual Report for the year: __2016 **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	To Evection					
•	1	me of the Limited Li				
160263	+	SPECIALTY WOODWORKS, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
23	TMLEKTO	INTERIOR AND EXTERIOR CONSTRUCTION, RENOVATION AND REMODELING				
5. State of Formation]					
RI						
6. Principal Office Address	-		City	State	Zip	
65 Albion Road			Cumberland	RI	02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Richard Barrett			Contact Title Operating Manager	Contact Title Operating Manager		
Street Address 65 Albion Road	eet Address 65 Albion Road			State RI	Zip 02864	
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	pility Company, IF APPLICABLE	- DO NOT LIST MI	EMBERS	
Manager Name Richard Barrett			Manager Name	Manager Name		
Street Address 65 Albion Road			Street Address	Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
			C	heck the box to ind	ficate 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		
RICHARD BARRETT				October 7	7, 2016	
Signature of Authorized Person		_				
Burtard Banett Monda						

MAIL TO:

Division of Business Services

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

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

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