s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
Limited Liability Com	pany		
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			
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000572910</u>	<u>)</u>		
2. Exact Name of the Limited Liability Company GREAT DAY IMPROVEMENTS, LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		<u>6</u> <u>23</u>	
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	de Island
SALES AND INSTALL	ATION OF SUNROOMS.		
5. Principal Office Addre	SS		
		C	
No. and Street: <u>NATIONAL REGISTERED AGENTS, INC.</u> 160 GREENTREE DRIVE, SUITE 101			
City or Town: DOVER		State: <u>DE</u> Zip: <u>19904</u> Co	ountry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact Title:			
No. and Street:700 E HIGHLAND RDCity or Town:MACEDONIAState: OHZip: 44056Country: USA			
City or Town: MAC	EDONIA State: 0	<u>DH</u> Zip: <u>44056</u> Countr	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country
MANAGER	ED WEINFURTNER	700 E HIGHLAND R MACEDONIA, OH 44056 U	
L	1		

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 1 Day of November, 2016 at 2:33:06 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 <u>GREG RICCI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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