	State of Rhode Island and Providence PlantationsFee: \$5Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615 (401) 222-3040
HOPE	(401) 222-3040
imited Liability Co	ompany
nnual Report iling Period: Septembe	r 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-
6-66(b&c)) is subject to	o a penalty fee of \$25.00.
ANNUAL REPORT YE	AR : <u>2016</u>
1. ID No. <u>000136</u>	<u>658</u>
2. Exact Name of the	Limited Liability Company Ideal Home Improvements, LLC
3. State of Formation	ו
State: <u>RI</u>	
Using the following NA	ARTICLE III ICS codes, please select the code that best describes your business.
	ICS codes, please select the code that best describes your business.
Using the following NA	
NAICS Code	ICS codes, please select the code that best describes your business.
NAICS Code	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI	ICS codes, please select the code that best describes your business. <u>53</u> f the Character of the Business Which is Actually Conducted in Rhode Island LDING COMPANY
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NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street:	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street:	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: 3. City or Town:	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: Gity or Town: E 6. Mailing Address of	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: 3. City or Town: 4. Brief Description o 6. Mailing Address of Contact Name: Contact	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: 3. City or Town: 4. Brief Description o 6. Mailing Address of Contact Name: Contact Name: No. and Street: 3. No.	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: Gity or Town: E 6. Mailing Address of Contact Name: Contact Name: No. and Street: 3 No. Gontact Name: Contact Name: City or Town: E	ICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Description o REAL ESTATE HOI 5. Principal Office Ad No. and Street: 3. City or Town: 4. Mailing Address of Contact Name: Contact No. and Street: 3. No. and Street: 5. Mailing Address of Contact Name: Contact No. and Street: 3. No. and Street: 7. Name and Address	ICS codes, please select the code that best describes your business.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ERICKA L. LEVESQUE, ESQ. 311 ANGELL STREET PROVIDENCE, RI 02906

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

Signed this 30 Day of November, 2016 at 1:10:28 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>DANIEL S. DAVEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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