

Annual Report for the year: O

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
00014623	Plumbers of RILL de Rooternan						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
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5. State of Formation							
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RI Digin Cleaning + Plumbing							
6. Principal Office Address	4 Lord	A11	City	State /	Zip (2019)		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Contact Title Contact Title							
EDWARD FREEMAN COME MEMBER							
Street Address	10/4 Re	0	city Foster	State	zip02825		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name SMI/C			Manager Name				
Street Address Greer Rd			Street Address				
City DANIC/SON	State	z106239	City - 27/4	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	Olulo	Zip	Oily	State	Ziμ		
				Check the box to inc	icate 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							
Ellout St. am EDWARD H Freeman 4/34/17							
Signature of Authorized Person							
EULEDING THE SIGN DOCUMENT HERE							
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MAIL TO:

Division of Business Services

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

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

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BY 14L 302006

FORM 632 - Revised: 02/2017