| State of Rhode Island and Providence Plantations Fee: S Office of the Secretary of State | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|
| | Division Of Business 148 W. River S Providence RI 0290 (401) 222-304 | reet 4-2615 | |
| HOPE | | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2017</u> | | |
| 1. ID No. <u>001033968</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>ADVANCED PROPERTY MAINTENANCE</u> <u>AND RENOVATION LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | |
| NAICS Code | | 6 | <u>23</u> |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>RESIDENTIAL MAINTENANCE AND INTERIOR RESTORATION</u> | | | |
| 5. Principal Office Addre | SS | | |
| | <u>EARLY STREET</u> <u>OVIDENCE</u> State:] | <u>RI</u> Zip: <u>02907</u> C | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: ANTONIO VIEIRA Contact Title: OWNER No. and Street: 155 EARLY STREET OWNER City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA | | | |
| 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 Address, City or Town, Stat | |

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

ANTONIO VIEIRA 155 EARLY STREET PROVIDENCE, RI 02907

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

Signed this 31 Day of August, 2017 at 3:36:55 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>ANTONIO VIEIRA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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