

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 SEP 14 PM 1: 16

Annual Report for the year: 2017 **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 001340373	Exact name of the Limited Liability Company F. Oliveira's Home Improvement, LLC					
3. NAICS Code 236/18 23 - Construction	Brief description of the character of business conducted in Rhode Island General home improvement					
5. State of Formation Rhode Island						
6. Principal Office Address	<u> </u>		City	State	Zip	
4 Nelson Street			North Providence	RI	02911	
7. Mailing Address of Limited Lia	ibility Compa	any and Name or	Title of Contact Person		······································	
Contact Name Flavio Oliveira			Contact Title	Contact Title		
Street Address 4 Nelson Street			City North Providence	State RI	^{Zip} 02911	
<u> </u>	nd addresses	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name N/A	Manager Name N/A		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name N/A	Manager Name N/A		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
	·			Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islar	nd. This inform	nation is currently o	of record with the Department of State.	Changes require file	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten			examined this report, including a true and correct.	ny accompanyir	ng schedules and	
Name of Authorized Person				Date		
FlAVIO OLIYELSA				9	.13.17	
Signature of Authorized Person	,	CICI	N DOCUMENT HEDE			
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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

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