

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

¹→ 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				
123516	ISA	CCO H	ome Improve	MENT	LLC
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
236118	HOME IMPROVEMENT				
5. State of Formation					
RHODE ISLAND			·····	•	
6. Principal Office Address			City	State	Zip
			E. GREENWICH	151	02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROBERT SACCO			Contact Title OWNER		
Street Address SPENCE	r Woo	os Dr	GREEHWICH	State R 1	z₀02818
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name A DOCT + ISACC Manager Name					
Spencer I maso			Street Address		
Earecowc!	State	302812	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate 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	
ROBERT SACCO				9	1/17
Signature of Authorized Person					
Robert Tració JUMENT HERE					

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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FORM 632 - Revised: 08/2017