



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Limited Liability Company

2017 SEP 27 AM 9: 50

- 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 <u>791492</u> | | 2. Exact name of the Limited Liability Company <u>QUALITY PLASTERING LLC</u> | |
| 3. NAICS Code <u>238310</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>plastering</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>817 Atwells</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02909</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Giovanni Cardona</u> | | Contact Title <u>Manager</u> | |
| Street Address <u>817 Atwells</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02909</u> | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name <u>Giovanni Cardona</u> | | Manager Name <u>Felicitio Cardona</u> | |
| Street Address <u>817 Atwells Ave</u> | | Street Address <u>29 Haxward St</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Attleboro</u> | State <u>MASS.</u> |
| Zip <u>02909</u> | | Zip <u>02703</u> | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 <u>Giovanni Cardona</u> | | Date | |
| Signature of Authorized Person | | <u>9/27/17</u> | |

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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