

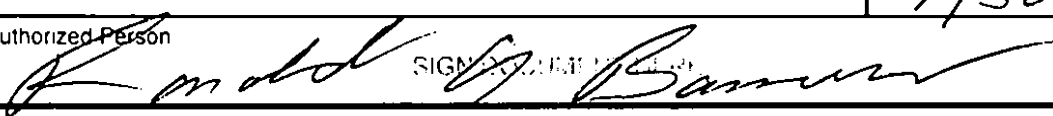


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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<br><b>1661766</b>   |       | 2. Exact name of the Limited Liability Company<br><b>RB COMPLETE CARPENTRY, LLC</b>                               |                        |                     |     |
| 3. NAICS Code<br><b>23 6118</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>CONSTRUCTION AND RENOVATION</b> |                        |                     |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                        |                     |     |
| 6. Principal Office Address<br><b>827 HOPKINS HILL ROAD</b>   |       | City<br><b>WEST GREENWICH</b>   | State<br><b>RI</b>     | Zip<br><b>02817</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                        |                     |     |
| Contact Name<br><b>RONALD BARROW</b>  |       | Contact Title<br><b>MEMBER</b>  |                        |                     |     |
| Street Address<br><b>827 HOPKINS HILL ROAD</b>  |       | City<br><b>WEST GREENWICH</b>   | State<br><b>RI</b>     | Zip<br><b>02817</b> |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                        |                     |     |
| Manager Name  |       | Manager Name  |                        |                     |     |
| Street Address  |       | Street Address  |                        |                     |     |
| City  | State | Zip   | City                   | State               | Zip |
| Manager Name  |       | Manager Name  |                        |                     |     |
| Street Address  |       | Street Address  |                        |                     |     |
| City  | State | Zip   | City                   | State               | 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.   |       |   |                        |                     |     |
| <b>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.</b> |       |   |                        |                     |     |
| Name of Authorized Person<br><b>RONALD BARROW</b>   |       |   | Date<br><b>9/30/17</b> |                     |     |
| Signature of Authorized Person<br>  |       |   |                        |                     |     |

**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**

**OCT 11 2017**

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