S			
	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222 20	treet 04-2615	
HOPE	(401) 222-304	40	
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>001665195</u>	5		
2. Exact Name of the Li	mited Liability Company Derry Do	oors and Windows LLC	
3. State of Formation			
State: <u>NH</u>			
	ARTICLE III		
	Code that best describes the primary	business conducted by the	entity. Download
<u>236118</u>	e information on <u>NAICS</u> can be found	online.	
236118			n Rhode Island
236118	e information on <u>NAICS</u> can be found e Character of the Business Which		n Rhode Island
236118	e Character of the Business Which		n Rhode Island
236118 4. Brief Description of th	e Character of the Business Which		n Rhode Island
236118 4. Brief Description of th INSTALL WINDOWS 5. Principal Office Addre No. and Street: <u>3 J</u>	e Character of the Business Which	is Actually Conducted in	n Rhode Island
236118         4. Brief Description of th         INSTALL WINDOWS         5. Principal Office Addree         No. and Street:       3 J         City or Town:       LO	e Character of the Business Which AND DOORS ss UDY DRIVE	i <b>s Actually Conducted in</b> Zip: <u>03053</u> Co	ountry: <u>USA</u>
236118         4. Brief Description of the         INSTALL WINDOWS         5. Principal Office Addres         No. and Street:       3 J         City or Town:       LO         6. Mailing Address of Line         No. and Street:       3 J         Contact Name:       RONALE         No. and Street:       3 J	e Character of the Business Which AND DOORS ss UDY DRIVE NDONDERRY State: NH mited Liability Company and Name D BLANCHETTE Contact Title: OWN JDY DRIVE	zip: <u>03053</u> Co	ountry: <u>USA</u>
236118         4. Brief Description of the         INSTALL WINDOWS         5. Principal Office Addree         No. and Street:       3 J         City or Town:       LO         6. Mailing Address of Line         No. and Street:       3 J         Contact Name:       RONALE         No. and Street:       3 J	e Character of the Business Which AND DOORS ss UDY DRIVE NDONDERRY State: NH mited Liability Company and Name D BLANCHETTE Contact Title: OWN	zip: <u>03053</u> Co cor Title of Contact Perso	ountry: <u>USA</u>
236118         4. Brief Description of the         INSTALL WINDOWS         5. Principal Office Addree         No. and Street:       3 J         City or Town:       LO         6. Mailing Address of Line         No. and Street:       3 JL         Contact Name:       RONALD         No. and Street:       3 JL         City or Town:       LO	e Character of the Business Which <u>AND DOORS</u> ss <u>UDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> mited Liability Company and Name <u>D BLANCHETTE</u> Contact Title: <u>OWP</u> <u>JDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> Each Manager of the Limited Liab	zip: <u>03053</u> Co cor Title of Contact Person NER Zip: <u>03053</u> Co	ountry: <u>USA</u> on: ountry: <u>USA</u>
236118         4. Brief Description of the         INSTALL WINDOWS         5. Principal Office Addree         No. and Street:       3 Ji         City or Town:       LO         6. Mailing Address of Line         No. and Street:       3 Ji         Contact Name:       RONALD         No. and Street:       3 Ji         City or Town:       LO         7. Name and Address of	e Character of the Business Which <u>AND DOORS</u> ss <u>UDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> mited Liability Company and Name <u>D BLANCHETTE</u> Contact Title: <u>OWP</u> <u>JDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> Each Manager of the Limited Liab	zip: <u>03053</u> Co or Title of Contact Person NER Zip: <u>03053</u> Co ility Company, if Applica Address	ountry: <u>USA</u> on: ountry: <u>USA</u> able.
236118         4. Brief Description of the         INSTALL WINDOWS         5. Principal Office Addree         No. and Street:       3 J         City or Town:       LO         6. Mailing Address of Line         No. and Street:       3 JL         Contact Name:       RONALD         No. and Street:       3 JL         City or Town:       LO         7. Name and Address of DO NOT LIST MEMBER	e Character of the Business Which <u>AND DOORS</u> ss <u>UDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> mited Liability Company and Name <u>D BLANCHETTE</u> Contact Title: <u>OWN</u> <u>JDY DRIVE</u> <u>NDONDERRY</u> State: <u>NH</u> Each Manager of the Limited Liab RS	zip: <u>03053</u> Co or Title of Contact Person NER Zip: <u>03053</u> Co ility Company, if Applica	ountry: <u>USA</u> on: ountry: <u>USA</u> able.

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

PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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 October, 2017 at 9:07:51 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>RONALD BLANCHETTE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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