	toto of Phodo Jolond and Pro	widence Dientetie	
	State of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222 2040			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000511997</u>			
2. Exact Name of the Limited Liability Company <u>ALLSTAR HOME IMPROVEMENTS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. <u>238350</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducte	d in Rhode Island
·		-	
HOME IMPROVEMENTS DOES BASIC HOME IMPROVEMENTS.			
5. Principal Office Addre	SS		
No. and Street: 72 F	FRANCIS STREET		
	<u>HOBOTH</u> State: <u>1</u>	<u>MA</u> Zip: <u>02769</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
	RANCIS STREET		
City or Town: <u>REH</u>	OBOTH State:	MA Zip: <u>02769</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT TESTA, ESQ. 411 BROADWAY PROVIDENCE, RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of November, 2017 at 12:41:53 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>ROBERT TESTA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved