



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

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 CORPORATIONS DIV

2018 JUL 27 PM 1:15

Annual Report for the year: 2018
 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 <u>001666159</u> | | 2. Exact name of the Limited Liability Company <u>MR HOME REPAIRS LLC</u> | | | |
| 3. NAICS Code <u>236118</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u> | | | |
| 5. State of Formation <u>Massachusetts</u> | | | | | |
| 6. Principal Office Address <u>71 Ames St APT#2</u> | | City <u>Brockton</u> | | State <u>MA</u> | Zip <u>02301</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Segundo</u> | | Contact Title <u>Owner</u> | | | |
| Street Address <u>71 Ames St APT#2</u> | | City <u>Brockton</u> | | State <u>MA</u> | Zip <u>02301</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>Maria Rosa Cela</u> | | Manager Name | | | |
| Street Address <u>71 Ames St</u> | | Street Address | | | |
| City <u>Brockton</u> | State <u>MA</u> | Zip <u>02301</u> | 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 | | | | | |
| 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>Segundo Simbaina</u> | | | | Date <u>07/27/18</u> | |
| Signature of Authorized Person | | | | | |

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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BY C2746642