RI SOS Filing Number: 201877105980 Date: 9/10/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

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	Entity ID Number 2. Exact name of the Limited Liability Company						
145106 BOB'S HOUSE DOCTOR LLC							
3. NAI	CS Code	Brief description of the character of business conducted in Rhode Island					
14510	6	CONSTRUCTION SERVICES AND HOME REPAIRS					
5. Sta	ate of Formation						
RHOD	E ISLAND						
6. Prir	6. Principal Office Address			City	State	Zip	
164 B	164 BLACK HUT ROAD			HARRISVILLE	RI	02830	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contac	t Name JOSEPH RAHEB			Contact Title ATTORNEY			
Street	treet Address 650 WASHINGTON HWY., SUITE 200			City LINCOLN	State RI	^{Zip} 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name NONE				Manager Name			
Street	Street Address			Street Address			
City		State	Zip	City	State	Zıp	
Manager Name				Manager Name			
Street	Street Address			Street Address			
City		State	Zip	City	State	Zip	
	Check the box to indicate an attachment						
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					Date		
ROBÉRT M. PASCALE, JR.					8-/	19-18	
Signature of Authorized Person SIGN ECUMENT HERE							
NA SUCE STATE OF THE SUCE STAT							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov EILED

FORM 632 - Revised: 10/2017