

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **Limited Liability Company**



→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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CORPORATIONS CHIE	
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Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company						
537568	GENE	RAL IN	1-URMAT	10 N SE	PUICES LL		
3. NAICS Code	A Brief description of the character of business conducted in Rhode Island						
524298	WE INSPECT BUILDINGS IZUR						
5. State of Formation INSURANCE UNDERWRITERS							
NJ					<u></u>		
6. Principal Office Address	· A		City OID	State	- 210 7410		
6. Principal Office Address 7-02 FAR	HAWK	V HVE	FAIL T	par po	07110		
7 Mailing Address of Limited Li	ability Company	and Name or Title	of Contact Person				
Contact Name MIKE	WILL	Ēλ			MANAGER		
Stinet Address FAIR	LAWA	AVE	City FAIR	LANDSIALE	T 210 0 7410		
8. List ALL managers (names a	and addresses) o	of the Limited Liab	ility Company, IF APPLI	CABLE - DO NOT LIS	MEMBERS		
Manager Mamo			Mar. Ter Name	•			
Stremadanes			Street Address				
	<u></u>						
Citte	Sta		City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		<u> </u>	<u> </u>	Check the box t	o indicate an attachment		
Resident Agent in Rhode Isla	and. This informat	ion is currently of re-	cord with the Department of	State. Changes require	filing Form 642		
Under penalty of perjury, I de	clare and affire	n that I have exam	nined this report, inclu	iding any accompany	ring schedules and		
statements, and that all state	ments containe	d herein are true	and correct.				
Name of Authorized Person	EL D). W	LEY	10	-8-18		
Signature of Authorized Person							
Muha	101	Wille					
	<u> </u>	/			ED		
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MAIL TO:

Division of Business Services

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

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FORM 632 - Revised: 10/2017