

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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.

SECRETARY OF STATE 2018 OCT 17	
2018 OCT 17 PH 12: 06	
PH 12: 06	

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			1.75.				
1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company					
537568	GENERAL INFURMATION SERVICES LA						
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
524298	WE INSPECT BUILDINGS IZUR						
5. State of Formation	INSURANCE UNDERWRITERS						
NJ							
6. Principal Office Address			CIL DID 1A	State	Zip >410		
6. Principal Office Address 7-02 FAR	HAWA	HVE	PAIL TO	NS	07110		
7. Mailing Address of Limited Li	ability Company a	and Name or Title	of Contact Person	<u></u>			
Contact Name MIKE	WILL	<b>.</b>			n AWASER		
Street Address FAIR	LAWN	AVE	City FAIR L	ANDSIBLE	2007410		
8. List ALL managers (names a	and addresses) of	the Limited Liabi	lity Company, IF APPLICAB	LE - DO NOT LIST N	MEMBERS		
Manager 🚧			Mar -et Name		<i></i>		
Stroothidiaco			Street Address				
Citus &	State	7th	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>	<u> </u>		Check the box to	ndicate an attachment		
9 Resident Agent in Rhode Isla	and This information	on is currently of rec	ord with the Department of Sta	te. Changes require filir	ng Form 642		
Under penalty of perjury, I de	clare and affirm	that I have exam	nined this report, includin	g any accompanyin	g schedules and		
statements, and that all state	ments containe	d herein are true	and correct.	<del></del>			
Name of Authorized Person	Z D.	WIL	EY.	Date	-8-18		
Signature of Authorized Person	シブラ		1.				
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///www.	<u> </u>			-0			
<i>y</i>				101			

MAIL TO:

**Division of Business Services** 

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

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

FORM 632 - Revised: 10/2017