



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 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: 2018

1. ID No. 000932519

2. Exact Name of the Limited Liability Company Green Home Solutions of Rhode Island, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541690

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OUR MOLD CONTROL SERVICE USES THE EPA-REGISTERED PRODUCT OCEANIC THAT

IS COMPRISED PRIMARILY OF NATURAL INGREDIENTS. OCEANIC HAS BEEN USED FOR PROFESSIONAL MOLD REMEDIATION AND DISINFECTION SINCE 2005 WITHOUT

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SINGLE REPORTED ADVERSE REACTION AS LONG AS THE CLIENT VACATED THE TREATED AREA FOR THE RECOMMENDED TIME. IT IS APPLIED IN AN ULTRA-FINE SPRAY THAT KILLS MOLD. OUR PRODUCT CAN ALSO BE COMBINED WITH

NATURAL AND PLANT-BASED INGREDIENTS TO ALSO HELP CONTROL INANIMATE INDOOR AIRBORNE IMPURITIES LIKE POLLEN, PET DANDER AND INSECT MATTER.

IT WORKS BY BREAKING THE MOLD DOWN TO ITS PRE-PROTEIN STATE, RENDERING IT INCAPABLE OF PRODUCING POTENTIALLY HARMFUL SPORES. OUR PRODUCTS DO NOT USE HARMFUL SYNTHETIC CHEMICALS.OCEANIC IS ALSO BIODEGRADABLE, DOES NOT BIOACCUMULATE, HAS A VERY SHORT HALF-LIFE AND RAPIDLY BECOMES BIOLOGICALLY INERT.

5. Principal Office Address

No. and Street: 6145 POST ROAD
UNIT 2
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 23 BROADMOOR ROAD
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BARBARA SOMERS 23 BROADMOOR ROAD WAKEFIELD , RI 02879

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

Signed this 13 Day of November, 2018 at 11:23:54 AM 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 BARBARA SOMERS
Signature of Authorized Person

Form No. 632
Revised 09/07