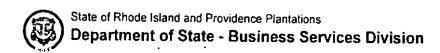
RI SOS Filing Number: 201883361440 Date: 12/28/2018 4:00:00 PM



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.

| 20 <b>18</b> Q | SECR                              |
|----------------|-----------------------------------|
| EC 28          | RECEIVED<br>ETARY OF<br>PORATIONS |
| AM 11: 46      | OF STATE                          |

| 1. Entity ID Number 000794170                                 |                     | 2. Exact name of the Limited Liability Company  LAG HOME IMPROVEMENT LLC |                                    |                         |                       |  |  |
|---|---------------------|--|------------------------------------|-------------------------|-----------------------|--|--|
| 3. NAICS Code   | 4. Brief des        | Brief description of the character of business conducted in Rhode Island |                                    |                         |                       |  |  |
| 236118  |                     | HOME IMPROVEMENT   |                                    |                         |                       |  |  |
| 5. State of Formation   |                     |  |                                    |                         |                       |  |  |
| RI  |                     |  |                                    |                         |                       |  |  |
| 6. Principal Office Address                                   | <del></del>         |  | City                               | State                   | Zip                   |  |  |
| 481 JOSLIN ROAD   |                     |  | HARRISVILLE                        | RI                      | 02830                 |  |  |
| 7. Mailing Address of Limited                                 | Liability Compar    | ny and Name or Ti  | tle of Contact Person              |                         | <del></del>           |  |  |
| Contact Name  |                     |  | Contact Title                      |                         |                       |  |  |
| Street Address 481 JOSLIN ROAD                                |                     |  | City HARRISVILLE                   | State RI                | <sup>Zip</sup> 02830  |  |  |
| 8. List ALL managers (name                                    | s and addresses     | ) of the Limited Lia   | bility Company, IF APPLICABI       | E - DO NOT LIST         | MEMBERS               |  |  |
| Manager Name LOUISE A GATELY                                  |                     |  | Manager Name                       |                         |                       |  |  |
| Street Address 481 JOSLIN ROAD                                |                     |  | Street Address                     |                         |                       |  |  |
| City HARRISVILLE  | State RI            | Zip 02830  | City                               | State                   | Zip                   |  |  |
| Manager Name  |                     |  | Manager Name                       |                         |                       |  |  |
| Street Address  |                     |  | Street Address                     |                         |                       |  |  |
| City  | State               | Zip  | City                               | State                   | Zip                   |  |  |
|   |                     |  | <u> </u>                           | Check the hox to it     | ndicate an attachment |  |  |
| 9. Resident Agent in Rhode Is                                 | sland. This informa | tion is currently of re  | ecord with the Department of State | . Changes require filin | g Form 642            |  |  |
| Under penalty of perjury, I c<br>statements, and that all sta | declare and affin   | m that I have exa  | mined this report, including       | any accompanying        | g schedules and       |  |  |
| Name of Authorized Person                                     |                     |  |                                    | Date                    |                       |  |  |
| LOUISE A GATELY   |                     |  | . 1                                | 12-20-18                |                       |  |  |
| Signature of Authorized Perso                                 | Tou                 | 4  | Val.                               |                         |                       |  |  |

MAIL TO:

**Division of Business Services** 

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

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

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