

Annual Report for the year: 2019 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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	Exc. Links *							

1. Entity ID Number <b>001681755</b>		2. Exact name of the Limited Liability Company S N BAKIOS, LLC					
3 NAICS Code 238990	4. Brief des RESIDENT	Brief description of the character of business conducted in Rhode Island     RESIDENTIAL & COMMERCIAL SNOW REMOVAL/ SNOW PLOWING					
5. State of Formation RHODE ISLAND			. <u></u>				
6. Principal Office Address 41 ALBERT STREET			City PORTSMOUTH	State RI	Zip 02871		
7. Mailing Address of Limited	Liability Compa	ny and Name or	r Title of Contact Person				
Contact Name STEPHEN N B	AKIOS		Contact Title MEMBER/ OWNER				
Street Address 41 ALBERT STREET			City PORTSMOUTH	State RI	Zip 02871		
8 List ALL managers (name	and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode I	sland. This inforr	nation is currently	of record with the Department of State	Changes require fil	ing Form 642.		
	declare and aff	firm that I have	examined this report, including				
Name of Authorized Person					Date		
STEPHEN N BAKIOS				1/29/19			
Signature of Authorized Pers	on	SIE	SN POCAMENT HERE				

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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FORM 632 - Revised: 10/2017