RI SOS   Filing Number: 201989442430   Date: 3/28/2019 4:00:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2018_

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.
Filing Fee: $50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liability company
001678877	Reliable Sign Installation, LLC

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	Sign installation 238990

5. Principal office address	City	State	Zip
365 Great Road	Lincoln	RI	02865

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Amanda Hannon	Owner

Street Address	City	State	Zip
14 Sunview Street	Lincoln	RI	02865

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE · DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

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

8. RESIDENT AGENT IN RHODE ISLAND Amanda Hannon

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

MAR 28 2019

BY DGI97
A.A.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person   Date 3/25/19

Amanda Hannon
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012