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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 APR 15 AM 10: 22

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.

	Entity ID Number	2. Exact name of the Limited Liability Company					
	1673011	TH CCILCO U.C					
	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	123cins						
	5 State of Eormation	Residential Remodeles					
	77. 1	, com (certone					
		<u> </u>					
0	6. Principal Office Address	~		City 1 L State Zip			
	16 David	HUE	·	Westerly	RI	102801	
ر	Mailing Address of Limited Liability Company and Name or Title of Contact Person						
	Contact Name To thick Seint Son Contact Title Merober						
	Street Address	acl f	fue:	city Deterty	State 27	17989C	
	List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
	anager Name			Manager Name			
	Street Address	Address			Street Address		
	City	State	Zip	City	State	Zıp	
	Manager Name	*	. •	Manager Name			
	treet Address			Street Address			
	City	State	Zıp	City	State	Zıp	
	Check the box to indicate an attachmen						
	9. Resident Agent in Rhode Islan	Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
		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.						
	Name of Authorized Person Date 4/15/2019.						
	Signature of Authorized Person						

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**

APR 1 5 2019

FORM 632 - Revised: 10/2017