State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

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CORPORATIONS DIV
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**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.

| | |
|---|---|
| 1. Entity ID Number: 001661455 | 2. Exact name of the Limited Liability Company: Quality Renovations LLC |
| 3. NAICS Code: 236118 | 4. Brief description of the character of business conducted in Rhode Island: construction - residential and commercial |
| 5. State of Formation: Rhode Island | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 2 Farnum pike | Smithfield | RI | 02917 |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| Michael D. Duhaime | Member | | |
| Street Address: 2 Farnum Pike | City: Smithfield | State: RI | Zip: 02917 |

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **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 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 |
|---|---|
| Signature of Authorized Person | 7/8/19 |

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JUL 08 2019 2:30
BY: CH C4157A

**MAIL TO:**
**Division of Business Services**
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**Phone:** (401) 222-3040
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