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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

1. Entity ID Number	2 5	-51 12 2 14			
	2. Exact name of the Limited Liability Company				
0008-12411	Karmanos Home Improvement, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
236116			•		
5. State of Formation			1 2		
KI	(onstruction				
6. Principal Office Address City State Zip					
1116 PARK AVE			CRANSTON (SI 12910)		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
DANIEL SULVO			Contact Title MANQGLV		
Street Address .	BOX 2	7261	CIN Provide	1 Co State	Zip 02907
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Manager Name Manager Name					
Street Address 90 3/X0 N S9			Street Address		
City	State	202907	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 air statements contained herein are true and correct.					
Name of Authorized Person Date 7-19-19					
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

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