s s	tate of Rhode Island and Pro Office of the Secret		ONS Fee: \$50.0
	Division Of Busines		
	148 W. River S Providence RI 029		
HOPE	(401) 222-30		
imited Liebility Com	nonv		
₋imited Liability Com Annual Report	party		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com n thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00166913(</u>	<u>)</u>		
2. Exact Name of the Lin	mited Liability Company Mouldir	g Pro Construction L	LC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>238350</u>	e information on <u>NAICS</u> can be found e Character of the Business Whic		red in Rhode Island
BATHROOM AND KIT	CHEN REMODELS, FLOOR C	OVERING REMOVA	AL AND
INSTALLATION, INTERIOR PAINT FIN	ISH CARPENTRY. OUTDOOR	FENCING HANDY	MAN CENEDAI
CONTRACTOR.	ISH CARLENTET. OUTDOOK	TENCINO, HAND I	MAN, OENERAL
5. Principal Office Addre	SS		
No. and Street: 110	SISSON STREET		
	WTUCKET State:	<u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Nam	e or Title of Contact	Person:
-	DO ZAPATA Contact Title:		
	SISSON STREET		
	/TUCKET State	: <u>RI</u> Zip: <u>02860</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Lia	bility Company, if Ap	plicable.
Title	Individual Name	Ad	dress
	First, Middle, Last, Suffix		State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LEONARDO VENTURA ZAPATA ALDVEY 110 SISSON STREET PAWTUCKET, RI 02860

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 22 Day of August, 2019 at 9:50:20 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By LEONARDO ZAPATA

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc b}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved