



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

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 <u>001674735</u>		2. Exact name of the Limited Liability Company <u>Architectural Solutions General Contractor, LLC</u>	
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>Commercial + Residential Construction</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>2 KAREN DR.</u>		City <u>No. Prov.</u>	State <u>RI</u>
		Zip <u>02911</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Pedro P. De La Rosa</u>		Contact Title	
Street Address <u>2 KAREN DR.</u>		City <u>No. Prov.</u>	State <u>RI</u>
		Zip <u>02911</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>N/A</u>		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 <u>Pedro P. De La Rosa</u>		Date <u>9/17/19</u>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

FILED

## 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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