

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.

FILED	^
SEP 2 3 2019	8
1978.	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000141517	B.A.CARPENTRY, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
236118	Calle and Calaboral TON						
5. State of Formation	GENERAL CARPENTRY						
Rhode Island							
6. Principal Office Address			City	State	Zip 2 O T		
20 JUSEPH ROAD			City PORTSMOUTH	R. I.	02011		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Bruce Alvanas			Contact Title OWN & r				
Street Address 20 Joseph Road		City Por tsmouth	State R. I.	Zip 02871			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Bruce A Vanas			Manager Name				
Street Address 20 JOSEPH ROAD City DORTSMOUTH State T Zip 02871			Street Address				
City DORTSMOUTH	State I	Zip 02871	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		. t	Che	eck the box to indi	cate 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 Bruce Alvanas			5	Date 9/.	20/19		
Signature of Authorized Person Procument Discussion							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov