



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 160571		2. Exact name of the limited liability company SUPREME RESTORATION, LLC				236118	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island engage in the business of cleaning & restoration services					
5. Principal office address 231 High Street				City Westerly		State RI	
						Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name Dion Luzzi				Contact Title Member			
Street Address 231 High Street				City Westerly		State RI	
						Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐							
Manager Name				Manager Name			
Street Address				Street Address			
City		State		City		State	
Manager Name				Manager Name			
Street Address				Street Address			
City		State		City		State	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							

FILED

OCT 02 2019

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

160571

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person Date

Print or Type Name of Authorized Person