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R.I. DEPT. OF STATE  
BUS SVCS DIVState of Rhode Island and Providence Plantations  
Department of State - Business Services Division

2019 OCT -7 A 10:02

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>001660556</u>		2. Exact name of the Limited Liability Company <u>TOP OF THE LINE LLC</u>	
3. NAICS Code <u>238160</u>		4. Brief description of the character of business conducted in Rhode Island <u>ROOFING</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>25 Ethel St</u>		City <u>WOON</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Gary Marcil</u>		Contact Title <u>owner</u>	
Street Address <u>25 Ethel St</u>		City <u>WOON</u>	State <u>RI</u>
		Zip <u>02895</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		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>Michelle Ford</u>		Date <u>10/7/2019</u>	
Signature of Authorized Person <u>Michelle Ford</u>			

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY CH PDG2J