



State of Rhode Island  
and Providence Plantations  
Department of State - Business Services Division

118 W. River Street  
Providence, RI 02904-2615  
401.222.5040

**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 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. 294883		2. Exact name of the limited liability company Artisan Millwork, LLC			3. NAICS Code 423310	
4. Brief description of the character of the business which is actually conducted in Rhode Island manufacturing					5. State of incorporation Rhode Island	
6. Principal office address 750 School Street			City Pawtucket	State RI	Zip 02860	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Peter D. Sparling						
Contact Title: Member						
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS Street Address: 750 School Street			City Pawtucket	State RI	Zip 02860	
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 612 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.						

**FILED**

OCT 07 2019

082000421

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements obtained herein are true and correct.

  
Signature of Authorized Person

10/3/2019  
Date

Peter D. Sparling, Member

Print or Type Name of Authorized Person

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