State of Rhode Island
and Providence Plantations
Department of State -- Business Services 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.	2. Exact name of the limited liability company	3. NAICS Code
294883	Artisan Millwork, LLC	423310

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
manufacturing	Rhode Island

6. Principal office address	City	State	Zip
750 School Street	Pawtucket	RI	02860

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Peter D. Sparling	Member

Street Address	City	State	Zip
750 School Street	Pawtucket	RI	02860

8. 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 / 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. 7-16-11Orson and Brusini Ltd.

FILED
OCT 07 2019
882000421

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

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* 10/3/2019

Peter D. Sparling, Member
Print or Type Name of Authorized Person

Form 632 Rev. 08/08