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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2019

1. ID No. 001682246

2. Exact Name of the Limited Liability Company Premier Restoration Services, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

562910

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OUR MOLD STAIN REMOVAL SERVICE USES A COMMERCIAL STRENGTH MOLD- AND MILDEW-STAIN-REMOVING PRODUCT THAT IS VERY DESTRUCTIVE TO THE HYPHAE AND MYCELIUM OF MOLD THAT GROW INTO THE SUBSTRATE OF BUILDING MATERIALS. THE APPLICATION OF THE PRODUCT QUICKLY REMOVES STUBBORN MOLD STAINS ON BUILDING SUBSTRATE MATERIALS, SUCH AS WOOD, CONCRETE, CINDER BLOCK, HARDIE BOARD, AND VINYL SIDING. IT'S IDEAL FOR USE IN ATTICS, CRAWLSPACES, AND ANYWHERE ELSE MOLD STAINS ARE A COMMON CONCERN.

5. Principal Office Address

No. and Street: 6145 POST ROAD, UNIT 5
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DANIEL ANDERSON Contact Title: OWNER
No. and Street: PO BOX 253
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BARBARA SOMERS 23 BROADMOOR ROAD WAKEFIELD , RI 02879

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

Signed this 25 Day of October, 2019 at 10:25:12 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By BARBARA SOMERS
Signature of Authorized Person

Form No. 632
Revised 09/07