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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

2019 OCT 30 AM 8: 53

Annual Report for the year: 20/9 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	To Francisco Control of the Control				
	2. Exact name of the Limited Liability Company				
000541072	PAQUET HOME IMPROVEMENT. LIC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
236/18	REMODELING HOME IMP.				
5. State of Formation	(
$R \cdot I$					
6. Principal Office Address			City	State	Zip
294 RIVER RD.			LINCULN	$R \cdot \tau$.	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MAURICE PAQUET			Contact Title OWNER		
Street Address			City	State	Zıp
294 RIVER RD			LINCOLN	R.J.	02865
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	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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				Date	
MAURICE R. PAQUET Signature of Authorized Person Phanice R. Paquet				10/30	/19
Signature of Authorized Person					
Maurice R. Paquet					
	$\overline{\nu}$	-			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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