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

SECRETARY OF STATE CORPORATIONS DIV

2019 NOV -4 AM 9: 08

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	2. Exact name of the Limited Liability Company				
791499	Duality Plastering 22C.				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
2383/0			-	30 13/2/10	
5. State of Formation	₹	1			
n T	Plastering.				
K+	L				
6. Principal Office Address			City	State	Zip
33 CUE St			Pautocket	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GIOVANI Cardona			Contact Title		
Street Address 33 Cute St			cay pawfucket	State	Zip 02860
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	Zıp	City	State	Zip
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 / D					
Giovani Cardona. 11/9/19					19
Signature of Authorized Berson					

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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