

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 NOV 13 AM 8: 59

## Annual Report for the year: 2019 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 001657874	2. Exact name of the Limited Liability Company  Mike's Drywall LLC					
3. NAICS Code 238300	Brief description of the character of business conducted in Rhode Island     Installation of Sheetrocks					
5. State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
75 Bellevue Ave			Providence	RI	02907	
7. Mailing Address of Limited Li	ability Compa	any and Name o	r Title of Contact Person	<u> </u>		
Contact Name Lucas M Rosales			Contact Title President	Contact Title President		
Street Address 75 Bellevue Ave			City Providence	State RI	<sup>Zip</sup> 02907	
8. List ALL managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Stree: Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Accress			
City	State	Zio	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently	of record with the Department of Sta	atc. Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all states	clare and aff	irm that I have ined herein are	examined this report, includin true and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
Lucas M Rosales				11/13/2	11/13/2019	
Signature of Authorized Person		Au	15 KI KI	· · · · · · · · · · · · · · · · · · ·		

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 C

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FORM 632 - Revised: 10/2017