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R.I. DEPT. OF STATE

BUS SVCS DIV

2020 MAR 13 P 1: 29 STAMP

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

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	:	STATE TO YX (FIRE ULE ONLY						

1. Entity ID Number 001658678		ime of the Limited Lia Right Home					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
238160	Roofing contractor - roof replacement - storm damaged roofs						
5. State of Formation	7						
Connecticut							
6. Principal Office Address			City	State	Zip		
615 W Johnson Ave, #202			Cheshire	06410	06410		
7. Mailing Address of Limited	Liability Compa	iny and Name or Title					
Contact Name Ryan Anderso	n		Contact Title Owner				
Street Address 615 W Johnso	n Ave, #202		City Cheshire	State CT	^{Zip} 06410		
8. List ALL managers (name	s and addresse:	s) of the Limited Liabi	lity Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address	.		Street Address				
City	State	Zip	City	State	Zip		
Manager Name	.	t	Manager Name				
Street Address		· · ·	Street Address				
City	State	Zip	City	State	Zip		
	1	I	l	Check the box to	indicate an attachment		
9. Resident Agent in Rhode I	sland. This inform	nation is currently of rec	ord with the Department of S	tate. Changes require filir	ng Form 642.		
Under penalty of perjury, I ostatements, and that all sta			* *	ing any accompanyin	g schedules and		
Name of Authorized Person			-	Date	Date		
Joe Lipptak				1/22/2020			
Signature of Authorized Person	on	Syppe	NED!				

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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