

State of Rhode Island and Providence Plantations


Department of State - Business Services Division

Annual Report for the year: 2020
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.RECEIVED
R.I. DEPT. OF STATE
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|--|-------|---|--------------------|
| 1. Entity ID Number 001668153 | | 2. Exact name of the Limited Liability Company COLONIAL RESTORATIONS LLC | |
| 3. NAICS Code 233200 | | 4. Brief description of the character of business conducted in Rhode Island SERVICE | |
| 5. State of Formation MA | | | |
| 6. Principal Office Address 43 COLLETTE ROAD | | City FISKDALE | State MA |
| | | Zip 01518 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name THOMAS B GREEN | | Contact Title TAX MATTER PARTNER | |
| Street Address 43 COLLETTE RD | | City FISKDALE | State MA |
| | | Zip 01518 | |
| 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 | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| City | State | Zip | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 THOMAS B GREEN | | Date 4/1/2020 | |
| Signature of Authorized Person  | | | |

MAIL TO:

Division of Business Services

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