

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: \_ **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.

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1. Entity ID Number	2 Evact name	of the Limited Lia	hility Company		<u> </u>
. 803186	2. Exact name of the Limited Liability Company  Plumber Properties LLC				
3. NAICS Code 5. State of Formation	4. Brief descrip	otion of the charac	ter of business conducted in Rhoo		
$\sim$					
6. Principal Office Address			City	State	Zip 028 %
117 Brentwood drive			oity N Smith field	RI	028 %
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name William Hartst			City N Imithfield State RI Zip O2896		
117 Brent Wood drive			city N smithfield	State RI	zip O28 96
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					
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 William Harfort				Date 6 - 23 - 20	
Signature of Authorized Person					

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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FORM 632 - Revised: 10/2017