State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1	Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report	
Providence RI 02904-2615 (401) 222-3040	
(401) 222-3040 Limited Liability Company Annual Report	
Annual Report	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2019	
1. ID No. <u>001670817</u>	
2. Exact Name of the Limited Liability Company <u>Aquidneck Services LLC</u>	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity the list of codes here. More information on NAICS can be found online.	y. Download
238220	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rho	ode Island
<u>PLUMBING, HEATING, AND AIR CONDITIONING - INSTALLATION AND SERV</u> <u>WORK</u>	<u>/ICE</u>
5. Principal Office Address	
No. and Street: <u>113 HILLTOP DRIVE</u>	y: <u>USA</u>
No. and Street: <u>113 HILLTOP DRIVE</u>	y: <u>USA</u>
No. and Street: <u>113 HILLTOP DRIVE</u> City or Town: <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u>	y: <u>USA</u>
No. and Street: 113 HILLTOP DRIVE PORTSMOUTH State: RI Zip: 02871 Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SIMON OLEAN Contact Title: PRESIDENT No. and Street: 113 HILLTOP DR	y: <u>USA</u> try: <u>US</u>
No. and Street: 113 HILLTOP DRIVE PORTSMOUTH State: RI Zip: 02871 Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SIMON OLEAN Contact Title: PRESIDENT No. and Street: 113 HILLTOP DR	·
No. and Street: 113 HILLTOP DRIVE PORTSMOUTH State: RI Zip: 02871 Countr 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SIMON OLEAN Contact Title: PRESIDENT No. and Street: 113 HILLTOP DR PORTSMOUTH State: RI Zip: 02871 Countr City or Town: PORTSMOUTH State: RI Zip: 02871 Countr 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Countr Countr	try: <u>US</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SIMON OLEAN 113 HILLTOP DRIVE PORTSMOUTH, RI 02871

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of August, 2020 at 7:31:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>SIMON OLEAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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