

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

**Annual Report for the year:** 2017  
**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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 R.I. DEPT. OF STATE  
 BUS. SERVICES DIV.  
 2020 SEP 18 AM 11:28

|   |       |   |                    |                       |     |
|---|-------|---|--------------------|-----------------------|-----|
| 1. Entity ID Number<br><b>1661236</b>   |       | 2. Exact name of the Limited Liability Company<br><b>THE RHODE GUY, LLC</b> |                    |                       |     |
| 3. NAICS Code<br><b>811221</b>  |       | 4. Brief description of the character of business conducted in Rhode Island |                    |                       |     |
| 5. State of Formation<br><b>RI</b>  |       | <b>EQUIPMENT REPAIR SERVICE</b>   |                    |                       |     |
| 6. Principal Office Address<br><b>716 OLD SMITHFIELD RD</b>   |       | City<br><b>NORTH SMITHFIELD</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>   |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                    |                       |     |
| Contact Name<br><b>EDWARD A TWOHEY</b>  |       | Contact Title<br><b>LLC MEMBER</b>  |                    |                       |     |
| Street Address<br><b>716 OLD SMITHFIELD RD</b>  |       | City<br><b>NORTH SMITHFIELD</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>   |     |
| 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   |       |   |                    |                       |     |
| <i>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.</i> |       |   |                    |                       |     |
| Name of Authorized Person<br><i>Edward A. Twohey</i>  |       |   |                    | Date<br><b>8/7/20</b> |     |
| Signature of Authorized Person<br><b>EDWARD A TWOHEY</b>  |       |   |                    |                       |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

SEP 18 2020

BY JKCX  
**A.A. 11:30 A.M.**

FORM 632 - Revised: 10/2017