RI SOS Filing Number: 202060198220 Date: 9/30/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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2020

→ 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. Exact name of the Limited Liability Company								
000120889	Ted Buhre Building Firm, LLC								
									
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island [carpentry]									
23-construction 24 Carpentry									
5. State of Formation									
RI									
6. Principal Office Address			City	State	Zip				
392 Weaver Hill Road			West Greenwich	RI	02817				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Ted Buhre	omy company a	ind Name of Title	Contact Title Owner						
Ted Bunre			Owner						
Street Address 392 Weaver Hill R	oad		City West Greenwich	State RI	Zip 02817				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name Ted Buhre	ger Name Ted Buhre Manager Name								
Street Address 392 Weaver Hill Road			Street Address						
City West Greenwich	State RI	Zip 02817	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. The Resident Agent information currently of record with the RI Department of State is accurate. 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.									
									
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Signature of Authorized Person									
Under penalty of perjury, I deci statements, and that all statem Name of Authorized Person Ted Buhre	lare and affirm	that I have exam	Department of State is accurate. Coined this report, including any	Changes require	filing Form 642. schedules and				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov