	hode Island ecretary of State				
	Division Of Business Services 148 W. River Street				
	Providence RI 02904-2615				
HOPE	(401) 222-3040				
Domestic Limited Lia Annual Report - Ame Section 7-1.2-1501(e) of th		nd, 1956	6, as am	ended)	
This form is only	to be used to amend the c	urrent a	innual r	eport on file w	ith this office.
ANNUAL REPORT YEAR:	<u>2020</u>				
1. ID No. <u>000798889</u>	2				
2. Exact Name of the Lin	mited Liability Company $\underline{P}$	LUMC	O GRO	UP, LLC	
3. State of Formation					
State: <u>RI</u>					
	ARTIC	LE III			
-	Code that best describes the p e information on <u>NAICS</u> can b	•		s conducted by	the entity. Download
<u>561790</u>					
4. Brief Description of th	e Character of the Business	Whick	n is Actu	ally Conducte	d in Rhode Island
EXTERIOR HOME AN	D COMMERCIAL CLEAN	NING			
5. Principal Office Addre	SS				
No. and Street: 45 A	RLINGTON STREET				
	T PROVIDENCE	State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>			
6. Mailing Address of Lir	nited Liability Company an	d Name	e or Title	e of Contact Pe	erson:
Contact Name: Contact	Title:				
	RLINGTON STREET				
City or Town: EAS	<u>PROVIDENCE</u>	Stat	e: <u>RI</u>	Zip: <u>02914</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limit RS	ed Liab	oility Co	mpany, if App	licable.
Title	Individual Name			Addr	ess
	First, Middle, Last, Suffix		Addre		tate, Zip Code, Country
MANAGER	GREGORY PALUMBO			45 ARL EAST PROVDENC	INGTON ST CE, RI 02914 US
			-		
	RHODE ISI AND - DO NOT AI	тер			

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GREGORY PALUMBO</u> <u>45 ARLINGTON STREET</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

**Signed this 1 Day of October, 2020 at 9:33:20 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>GREGORY P PALUMBO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 01, 2020 09:32 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

