

Department of State - Business Services Division

R.I. DEP LOF STATE BUS SVOS DIV

2020 OCT -8 AM 9: 45

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.

Entity ID Number	2. Exact name of the Limited Liability Company				
001698256	· · VAB LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236118			0		
5. State of Formation	RESIS	SENTIAL	REMODELING		
R.I.					
6. Principal Office Address			City	State	Zip
142 SUTTON AVENUE			EAST PROVIDENCE	ERI	02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALFREDO BOLARINHO			Contact Title		
Street Address /42 SUTTON AUENUS			CITY FROUDENCE	State 7	Zip 02914
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	Zıp	City	State	Zıp
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.					
Name of Authorized Person				Date	
ALLAGOO BOLARINITO				10-05-2020	
Signature of Authorized Person Alfred Belaviole					

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

OCT 0 8 2020

FORM 632 - Revised: 08/2020