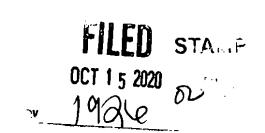
## Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.



1. Entity ID Number <b>713001</b>		2. Exact name of the Limited Liability Company  L.W. BLAU RESTORATION, LLC				
3. NAICS Code 236118	TO PROV	4. Brief description of the character of business conducted in Rhode Island TO PROVIDE RESTORATION SERVICES TO HOMES AND BUSINESSES, AND ENGAGING IN SUCH OTHER ACTIVITIES AS SOLE MEMBER MAY DETERMINE				
5. State of Formation RHODE ISLAND	ENGAGIN					
6. Principal Office Address 4 SEAVIEW AVENUE			City CRANSTON	State RI	Zip 02905	
7. Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person			
Contact Name LAURENCE F. BLAU			Contact Title	Contact Title		
Street Address 4 SEAVIEW AVENUE			City CRANSTON	State RI	<sup>Zip</sup> <b>02905</b>	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhode I	sland. This inforr	nation is currently	of record with the Department of Sta	te. Changes require fil	ing Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, includin true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person				Date		
LAURENCE F. BLAU				[0	7 20	
Signature of Authorized Pers	on	5:5	N DOCUMENT HERE			

MAIL TO:

**Division of Business Services** 

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

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