→ Filing period: September 1 - November 1

OCT 2 0 2020

**FILED** 

→ 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							
000141517	The second of th							
3. NAICS Code 236118 5. State of Formation R.I.	Brief description of the character of business conducted in Rhode Island General Carpentry							
6. Principal Office Address	<u> </u>	·	City	State	Zip			
20 Joseph Road			Portsmouth	R.I.	02871			
7. Mailing Address of Limited Li	ability Compan	y and Name or Ti	tle of Contact Person	<del></del>	<u> </u>			
Contact Name Bruce Alvanas			Contact Title owner					
Street Address 20 Joseph Road			City Portsmouth	State R.I.	<sup>Zip</sup> 02871			
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST N	MEMBERS			
Manager Name Bruce Alvanas			Manager Name					
Street Address 20 Joseph Road			Street Address					
<sup>City</sup> Portsmouth	State R.I.	<sup>Zip</sup> 02871	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
				Check the box to in	dicate an attachment			
9. The Resident Agent informati	on currently of	record with the R	Department of State is accu	rate. Changes require	filing Form 642.			
Under penalty of perjury, I dec statements, and that all stater	lare and affin nents contain	n that I have exa ed herein are tru	mined this report, including and correct.	g any accompanying	schedules and			
Name of Authorized Person	Date	Date						
Bruce Alvanas	11/17/2020							
Signature of Authorized Person	Bry	u Al	vanus	11/17/	2020			

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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