



Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2028 OCT 26 P. 2: 29

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	2. Exact name of the Limited Liability Company				
1018488	SAN tos Home improvement LLC				
3 NAICS Code	Bnef description of the character of business conducted in Rhode Island				
236118	Remodeling and purchacing Home				
5 State of Formation	Renting etc				
6 Principal Office Address			City	State	Zφ
170 Rhodes S.T			Providence	R±	02903
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Edward	1 51	AN tOS	Contact Title OWNEY		
Street Address / 70 Rh	odes	SIT	City Providence	State AT	210 02903
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		
Civ _ v	Sizie	Zip _	City	State	Zip
Manager Name	<u> </u>		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					
Edward SANtOS				1	26/20
Signature of Authorized Person Educard Leute					
sawara X ents					

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov **FILED**

OCT 27 2020

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