



State of Rhode Island

## Department of State - Business Services Division

FILED

OCT 26 2020

BY

1088  
PS

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<br>1679858  |             | 2. Exact name of the Limited Liability Company<br>Cordero Inspections, LLC                      |   |
| 3. NAICS Code<br>531390   |             | 4. Brief description of the character of business conducted in Rhode Island<br>Home inspections |   |
| 5. State of Formation<br>Rhode Island   |             |   |   |
| 6. Principal Office Address<br>108 Arnold Avenue  |             | City<br>Cranston  | State<br>RI<br>Zip<br>02905                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |             |   |   |
| Contact Name<br>Rafael Cordero, Jr.   |             | Contact Title<br>Manager  |   |
| Street Address<br>108 Arnold Avenue   |             | City<br>Cranston  | State<br>RI<br>Zip<br>02905                     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |             |   |   |
| Manager Name<br>Rafael Cordero, Jr.   |             | Manager Name<br>Sarah A. Cordero  |   |
| Street Address<br>108 Arnold Avenue   |             | Street Address<br>108 Arnold Avenue   |   |
| City<br>Cranston  | State<br>RI | Zip<br>02905  | City<br>Cranston<br>State<br>RI<br>Zip<br>02905 |
| Manager Name  |             | Manager Name  |   |
| Street Address  |             | Street Address  |   |
| City  | State       | Zip   | City<br>State<br>Zip                            |
| Check the box to indicate an attachment <input type="checkbox"/>  |             |   |   |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |             |   |   |
| <i>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.</i> |             |   |   |
| Name of Authorized Person<br>Rafael Cordero, Jr., Manager   |             | Date<br>10/14/2020  |   |
| Signature of Authorized Person<br>  |             |   |   |

## MAIL TO:

Division of Business Services

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