



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2019 ↓
 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.

FILED *rw*
 OCT 29 2020

1. Exact name of the Limited Liability Company <u>1603872</u>		2. Exact name of the Limited Liability Company <u>FAIR & SQUARE LLC</u>		
3. NAICS Code <u>230115</u>		4. Brief description of the character of business conducted in Rhode Island <u>CARPENTRY REPAIRS</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>2 ARNOLD ST.</u>		City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>JAMES IZZI</u>		Contact Title <u>OWNER</u>		
Street Address <u>2 ARNOLD ST.</u>		City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
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	Zip	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				
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 <u>JAMES IZZI</u>			Date <u>10.26.20</u>	
Signature of Authorized Person <u>James Izz</u>				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

*ATTENTION
 DIANE PERSONAL
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