Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-100)	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Iming Poriod: September 1 - November 1 n accordance with R.I.G.L. 7-16-66(0) each limited liability company failing or refusing accordance with R.I.G.L. 7-16-66(0) each limited liability company failing or refusing of the is annual report within thriv (20) days after the time prescribed by law (R.I.G.L. 7-666(bkc)) is subject to a penalty lee of \$25.00 ANNUAL REPORT YEAR: 2020 1 1. ID No. 000793926 2. Exact Name of the Limited Liability Company THE HANDYMAN CAN, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 811490 Article II Article II State: RI zip: 02864 Country: USA 6. Article II Acduress No. and Street: 291 LEIGH ROAD								
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No. and Street: 291 LEIGH ROAD CUMBERLAND State: RI Zip: 02864 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: MICHAEL MAGUIRE Contact Title: OWNER No. and Street: 291 LEIGHT ROAD State: RI Zip: 02864 Country: USA Contact Name: MICHAEL MAGUIRE Contact Title: OWNER No. and Street: 291 LEIGHT ROAD State: RI Zip: 02864 Country: USA City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address Address	No. and Street: 291 LEIGH ROAD CUMBERLAND State: RI Zip: 02864 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: MICHAEL MAGUIRE Contact Title: OWNER No. and Street: 291 LEIGHT ROAD State: RI Zip: 02864 Country: USA City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Address Address Title Individual Name Address, City or Town, State, Zip Code, Country	GENERAL HOUSEHO	LD REPAIRS						
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	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country								
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title							
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State,	ZIP Code, Country				

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN T. WALSH, JR., ESQ. 1334 MENDON ROAD CUMBERLAND, RI 02864

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2020 at 11:20:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL D MAGUIRE

Signature of Authorized Person

Form No. 632 Revised 09/07

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