## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  $\frac{2020}{}$ **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.

STAMP

1. Entity ID Number 000147441	2. Exact name of the Limited Liability Company DIROMA ROOFING LLC				
3. NAICS Code  23 ( )   6  5. State of Formation  RI	4. Brief description of the character of business conducted in Rhode Island ROOFING AND SIDING HOME IMPROVEMENTS CONTRACTOR				
6. Principal Office Address 4 TROLLEY LANE			City WESTERLY	State RI	Zip
			المترا الحياط	, KI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name FRANK DIROMA			Contact Title MEMBER		
Street Address 4 TROLLEY LANE			City WESTERLY	State RI	Zip 02891
8. List ALL managers (names ar	nd addresses)	) of the Limited Lia	ability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS
Manager Name FRANK DIROMA			Manager Name		
Street Address 4 TROLLEY LANE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent informatio	n currently of	record with the RI	Department of State is accur	rate. Changes require	e filing Form 642.
Under penalty of perjury, I deci statements, and that all statem	lare and affire	m that I have exa	amined this report, including	any accompanyin	g schedules and
Name of Authorized Person Date					
FRANK DIROMA OCT 28 2020					
Signature of Authorized Revisor	ma				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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