

Annual Report for the year: 2620**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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
719.189	The ToiseT Group, CCC						
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
311490	ELECTRICAL WORK						
5. State of Formation	]						
RI							
6. Principal Office Address	_		City	State	Zip		
15 Summer DR.			WPRR.W	Rd	02885		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name / FURTING			Contact Title OCUMEN -				
Street Address 15 Summit DR.			CUPRRY	State	Zip 02885		
8. List ALL managers (names and addresses) of the Limited Liebility Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Same as about		Manager Name					
Street Address			Street Address				
City	State	Zip	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 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							
Richard FORTIN 10/27/20							
Signature of Authorized Person							
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov