

Annual Report for the year: \_ スゥスゥ 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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Entity ID Number	2. Exact name e	2. Exact name of the Limited Liability Company					
000 767359	A & E TILING SERVICE CLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
238340	INSTALLATION AND REPAIR OF CELAMIC, PORCELAIN, AND WATURAL STINE TILE						
5. State of Formation							
RHODE ISLAND - TILE CONTRACTOR							
6. Principal Office Address		=: •::	City	State	Zip		
5 CHESTER INE			BRISTOL	Pā	02839		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name  W. J. WHEELER			Contact Title CW MEK				
Street Address 5 CHESTER AVE			City BAISTOL	State	<sup>Zip</sup> <b>0&gt;8</b> 09		
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	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			
PANC J. WHEELER			10/26/2020				
Signatur of Authorized Person  Wheeler							

MAIL TO:

Division of Business Services

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

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