	State of Rhode Island Office of the Secretary of State			Fee: \$50.00
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. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2020				
1. ID No. 000144114				
2. Exact Name of the Limited Liability Company A.R.S. RESTORATION SPECIALISTS, LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online.				
236118				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
RESTORATION OF DAMAGED PROPERTY DUE TO WATER, MOLD AND FIRE.				
5. Principal Office Address				
	<u>CRAFTS STREET</u> EWTON	State: M	<u>A</u> Zip: <u>02458</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: <u>RHONDA FARRELL</u> Contact Title:		DIRECTO	DIRECTOR OF CUSTOMER CARE	
	<u>CRAFTS STREET</u> VTON	State: <u>N</u>	<u>1A</u> Zip: <u>02458</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Address	
First, Middle, Last, Suffi MANAGER WILLIAM PATRICK GRAH			Address, City or Town, State, Zip Code, Country	
MANAGER WILLIAM PATRICK GRAHAM		IAM	38 CRAFTS STREET NEWTON, MA 02458 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 3 Day of December, 2020 at 2:25:16 PM 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 <u>WILLIAM PATRICK GRAHAM</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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