



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

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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 BUS. SVCS. DIV.
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|--|-------------|--|-----------------------------|
| 1. Entity ID Number 001687293 | | 2. Exact name of the Limited Liability Company TC Home Solutions, LLC | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island buying and selling of real estate | |
| 5. State of Formation Nevada | | | |
| 6. Principal Office Address 25 W Bulfinch Street Unit 19 | | City North Attleboro | State MA Zip 02760 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Todd Chamberlain | | Contact Title Manager | |
| Street Address 25 W Bulfinch Street | | City North Attleboro | State MA Zip 02760 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name Todd Chamberlain | | Manager Name | |
| Street Address 25 W Bulfinch Street Unit 19 | | Street Address | |
| City North Attleboro | State MA | Zip 02760 | City State Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 Todd Chamberlain | | Date 01/25/2021 | |
| Signature of Authorized Person | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY 86266
 FORM 632 - Revised: 08/2020

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