RI SOS Filing Number: 202193681990 Date: 3/5/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

FILED

STAMP Annual Report for the year: 2021 Corporation

<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.		GA.	(511	678	
1. Entity ID Number	4	2. Exact name of the Corporation					
513065	LG INSTAL	LATION, INC.					
3. Principal Office Address			City		State	Zip	
46 CLYDE STREET			PAWTUCK	ŒT	RI	02860	
4. NAICS Code	6. Brief descr	ription of the charac	cter of business c	conducted in Rhode Is	sland		
236118	RESIDENT!	IAL REMODELING	G				
5. State of Incorporation RHODE ISLAND	$\neg$						
7. List ALL officers (names an	nd addresses)				the box to ir	ndicate an attachment	
President Name LUIS GONCA	ALVES		Vice-President	t Name SAME			
Street Address 46 CLYDE STREET			Street Address	<u> </u>	-		
City PAWTUCKET	State RI	Zip 02860	City		State	Zip	
Secretary Name SAME			Treasurer Nam	THE SAME			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names a Director Name	and addresses)		Ter in Alama		the box to ir	ndicate an attachment 🔲	
LUIS GONCAI	LVES	_	Director Name				
Street Address 46 CLYDE STREET			Street Address	Street Address			
City PAWTUCKET	State RI	Zip 02860	City		State	Zip	
Director Name			Director Name	,			
Street Address			Street Address	Street Address			
City	State	Zıp	City		State	Ζίρ	
9. Shares Authorized This information is currently of	for a seed 2m Alma	10. Shares Iss					
inis information is currently of Department of State.	/ record in the	NUMBER OF	F SHARES	CLASS/SERIES COMMON	<del>;</del>	PAR VALUE	
Changes require an additional filing.		100		COMMON		_NPV- , 01	
11. This report must be execu	uted on behalf of the xecuted on behalf of	corporation by an a	authorized repres	sentative. If the corpo	ration is in t	he hands of a receiver or	
Under penalty of perjury, I o	declare and affirm t	that I have examin	ned this report, in	ncluding any accom	panying sc	chedules and	
<u>statements, and that all stat</u> Name of Authorized Represer	tements contained intative	herein are true an	nd correct.		Date		
LUIS GONCALVES				01/15/2021			
Signature of Authorized Repre	esentative				<del></del>		

MAIL TO:

**Division of Business Services** 

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

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