



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2020

1. ID No. 000787794

2. Exact Name of the Limited Liability Company 5M ENTERPRISES, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

238210

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ELECTRICAL CONTRACTING

5. Principal Office Address

No. and Street: 225 RICE CITY ROAD

City or Town: GREENE

State: RI

Zip: 02827

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 225 RICE CITY ROAD

City or Town: GREENE

State: RI

Zip: 02827

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DONNA MOORE 85 VAUGHN HOLLWO ROAD GREENE , RI 02827

Signed this 26 Day of March, 2021 at 12:57:27 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 DONNA MOORE
Signature of Authorized Person

Form No. 632
Revised 09/07

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