RI SOS Filing Number: 202197135200 Date: 5/21/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 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.

| 2021 | R.I. | |
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| 21 | ECEIVED PT. OF STAT S SVCS DIV | |
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| S | 111 | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|-----|----------------|-------|-----------|--|--|
| 001679980 | Guwot stone Improvementille. | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 236/18 | Siding, painting, Brywal) Installation, | | | | | | |
| | | | | | | | |
| Rhode (sland General Corpentry | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 881 main Street, Unit #9 | | | Pawricket | R) | 02860 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Richard Guwoe | | | Contact Title | | | | |
| Street Address 101 Robinson St. | | | City Pyd. | State | Zip 02906 | | |
| 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 | Zıp | | |
| 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 Lich Drd M. C | | | Sunoc | Date | | | |
| Signature of Authorized Person | | | | | | | |
| | | | | Files | O | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 2 1 2021