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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: **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

		, 2323.			
1. Entity ID Number 2. Exact name of the Limited Liability Company					
3. NAICS Code 4. Brief description of the character of business conducted in Rhode tsland					
	4. Brief description of the character of business conducted in Rhode Island				
00000 Maintenante and Rypail					
5. State of Formation			•		
6. Principal Office Address	<u> </u>				
·			City	State	Zip
Les Jordan Aue			Cranston	RE	02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name					<u> </u>
Terrence Carrenter			Contact Title		
Street Address 48 Jordan Ane			city Cranston	State	Zip 07910
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE, DO NOT LIST SECURITIES					
Manager Name			Manager Name		
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City State 7					
	State	Zip	City	State	Zip
9 The Posident Samuel Co.			Che	ck the box to indi	cate an attachment
3. The Resident Agent information currently of record with the RI Department of State is appropriate.					
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					
7/9					/
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.n.gov FILED

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