

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.

R.I.	RECEIV DEPT. O US SVC	VED F STATE S DIV S TAMP
2021	JUL -9	P 12: 42

4 5-9-15-11	<del></del>						
1. Entity ID Number	2. Exact name of the Limited Liability Company						
1670047	4. Brief description of the character of business conducted in Rhode Island						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Ysland						
<i>}5</i> 8350	maintenance and Ryssic						
5. State of Formation	1 4 9						
n#							
6. Principal Office Address	<u> </u>						
•			City	State	Zip		
Let Jordan Aue			Cranston	RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
I indiact Name			Contact Title				
Street Address							
168 Zordan Hue		٤	City Cranston	State I	Zip UZ910		
8. List ALL managers (names an	id addresses) of	the Limited Liabi	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name			Manager Name				
Street Address							
			Street Address				
City	State	Zip	City	State	Zip		
Manager Name		<del></del>					
			Manager Name				
Street Address			Street Address				
Ch							
City	State	Zip	City	State	Zip		
		<del></del>	<u> </u>	<del></del>	<u></u>		
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
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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							
1/9/21							
Signature of Authorized Person							
			<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 FILED

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