	State of Rhode	sland	Fee: \$50.00
	Office of the Secreta	ry of State	
	Division Of Business		
	148 W. River St Providence PL 0200		
	Providence RI 0290 (401) 222-304		
HOPE	× /		
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
In accordance with R I G I	7-16-66(d), each limited liability com	anv failing or refusing	
to file its annual report withi	n thirty (30) days after the time presc		7-
16-66(b&c)) is subject to a p	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
<b>1. ID No.</b> <u>001679434</u>	<u>1</u>		
2. Exact Name of the Lin	mited Liability Company <u>INSPEC</u>	Г & DETECT HOM	E INSPECTIONS
LLC			
3. State of Formation			
State: <u>RI</u>			
—			
	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	e information on <u>NAICS</u> can be found	online.	
<u>531390</u>			
001070			
4. Brief Description of the	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
4. Brief Description of the	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
4. Brief Description of the <u>HOME INSPECTIONS</u>		is Actually Conduct	ed in Rhode Island
		is Actually Conduct	ed in Rhode Island
HOME INSPECTIONS 5. Principal Office Addres	ss	is Actually Conduct	ed in Rhode Island
HOME INSPECTIONS 5. Principal Office Addres No. and Street: <u>492</u>	ss OAKLAWN AVE		
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA	<b>ss</b> <u>OAKLAWN AVE</u> <u>RWICK</u> State:	<u>RI</u> Zip: <u>02889</u>	Country: <u>USA</u>
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA	ss OAKLAWN AVE	<u>RI</u> Zip: <u>02889</u>	Country: <u>USA</u>
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lir         Contact Name:       JAMES (1998)	ss OAKLAWN AVE RWICK State: nited Liability Company and Name	<u>RI</u> Zip: <u>02889</u>	Country: <u>USA</u>
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lir         Contact Name:       JAMES ( 492)         No. and Street:       492	ss <u>OAKLAWN AVE</u> <u>RWICK</u> State: nited Liability Company and Name CARR Contact Title: OAKLAWN AVE	RI Zip: <u>02889</u> or Title of Contact F	Country: <u>USA</u> Person:
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lire         Contact Name:       JAMES O         No. and Street:       492	ss OAKLAWN AVE RWICK State: nited Liability Company and Name	RI Zip: <u>02889</u> or Title of Contact F	Country: <u>USA</u>
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lir         Contact Name:       JAMES ( 492         No. and Street:       492         Contact Name:       JAMES ( 492         City or Town:       CRA	ss <u>OAKLAWN AVE</u> <u>RWICK</u> State:         nited Liability Company and Name <u>CARR</u> Contact Title: <u>OAKLAWN AVE</u> <u>NSTON</u> State:         Each Manager of the Limited Liab	RI       Zip:       02889         or Title of Contact F         RI       Zip:       02920	Country: <u>USA</u> <b>Person:</b> Country: <u>USA</u>
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lir         Contact Name:       JAMES ( 492         No. and Street:       492         City or Town:       CRA         7. Name and Address of DO NOT LIST MEMBER	ss <u>OAKLAWN AVE</u> <u>RWICK</u> State:         nited Liability Company and Name <u>CARR</u> Contact Title: <u>OAKLAWN AVE</u> <u>NSTON</u> State:         Each Manager of the Limited Liab	RI       Zip: 02889         or Title of Contact F         RI       Zip: 02920         ility Company, if App	Country: <u>USA</u> Person: Country: <u>USA</u> plicable.
HOME INSPECTIONS         5. Principal Office Address         No. and Street:       492         City or Town:       WA         6. Mailing Address of Lir         Contact Name:       JAMES (         No. and Street:       492         City or Town:       CRA         7. Name and Address of	ss <u>OAKLAWN AVE</u> <u>RWICK</u> State:         nited Liability Company and Name <u>CARR</u> Contact Title: <u>OAKLAWN AVE</u> <u>NSTON</u> State:         Each Manager of the Limited Liab	RI       Zip: 02889         or Title of Contact F         RI       Zip: 02920         ility Company, if App         Add	Country: <u>USA</u> <b>Person:</b> Country: <u>USA</u>

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES CARR 492 OAKLAWN AVENUE CRANSTON, RI 02920

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of August, 2021 at 4:46:59 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 JAMES CARR

Signature of Authorized Person

Form No. 632 Revised 09/07

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