RI SOS Filing Number: 202101134990 Date: 9/9/2021 10:09:00 AM



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.

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| 1. Entity ID Number  | 2 5  | A      | Life Organia        |          |           |
|--|--|--------|---------------------|----------|-----------|
|  | 2. Exact name of the Limited Liability Company                           |        |                     |          |           |
| 001675272  | East Coast Asbestos labatement LLC                                       |        |                     |          |           |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |        |                     |          |           |
| 562910   | Asbestos Abatement   |        |                     |          |           |
| 5. State of Formation  |  |        | •                   |          |           |
| RI   |  |        |                     |          |           |
| 6. Principal Office Address  |  |        | City                | State    | Zip       |
| 181/2 Milton St.   |  |        | Johnston            | RI       | 02919     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |        |                     |          |           |
| Contact Name Steven Macaruso   |  |        | Contact Title OWNER |          |           |
| Street Address 181/2 Milton St.  |  |        | City Johnston       | State RI | Zip 02419 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |        |                     |          |           |
| Manager Name N/A   |  |        | Manager Name        |          |           |
| Street Address   |  |        | Street Address      |          |           |
| City   | State Z  | ip     | City                | State    | Zip       |
| Manager Name   |  |        | Manager Name        |          |           |
| Street Address   |  |        | Street Address      |          |           |
| City   | State Z  | ip     | 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  |  |        |                     | Date     |           |
| Steven Mi  |  | 9-9-21 |                     |          |           |
| Signature of Authorized Person Stem Maxeruse   |  |        |                     |          |           |
|  |  |        |                     |          |           |

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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BY CN SHUDZ

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