RI SOS Filing Number: 202102085110

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R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island

Department of State - Business Services Division

2021 SEP 24 A 10: 24

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1668106						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
336118	Construction / Remodel					
5. State of Formation		,				
RI						
6. Principal Office Address			City	State	Zip	
Il Firstage Do			Attleborn	Μς	02763	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name TIME TAY HZLL			Contact Title			
Street Address // FINGIADE DC			City Attle6219	State	Zip 02703	
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	Zip	
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 Date					/ /	
Thorns of Hace				9/	14/2/	
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.ri.gov

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