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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2021 SEP 30 P 2:09

Annual Report for the year: 2021
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 514133		2. Exact name of the Limited Liability Company A.C.V. Home Improvement LLC			
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island Small business construction			
5. State of Formation R.I.					
6. Principal Office Address 195 Baker St.		City Providence	State RI	Zip 02905	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tomás Varela		Contact Title Presidente			
Street Address 195 Baker Street		City Providence	State RI	Zip 02905	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Tomás Varela		Manager Name			
Street Address 195 Baker St.		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Tomás Varela				Date 9-30-21	
Signature of Authorized Person Tomás Varela					

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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