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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	2. Exact name of the Limited Liability Company				
1685890	NEW E	NGLAND (CUSTOM CABINE	ETS, LLC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
236115	CONSTRUCTION AND REMODELING OF RESIDENTIAL AND COMMERCIAL BUILDINGS				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zıp
840 TEN ROD ROAD			NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARK S ROTONDI			Contact Title MEMBER		
Street Address 840 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	^{Zip} 025852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 0	21/ 21
MARK S ROTONDI				7-7	24-21
Signature of Authorized Person SIGN DOCUMENT HERE					

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OCT 0 5 2021

BY Ch Ch # 270

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov