State of Rhode Island **Department of State - Business Services Division** Ell Em Annual Report for the year: **Limited Liability Company**

RI SOS Filing Number: 202103770330 Date: 10/21/2021 4:00:00 PM

→ 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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Entity ID Number	2 Event name of the Limited Liebile. Commen					
00/670742	2. Exact pame of the Limited Liability Company					
	Cabinet Center of Rhode Island, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
236117	New Kitchen Construction install					
5. State of Formation	Them retailed contain moral					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1660 Elmwood Ave.		Cranston	RI	02910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Michael Valelli		Contact Title DWNer				
Street Address 63 Dellwood Rd.		city Chanston	State RI	Zip 02920		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Michael	chael Valelli		Manager Name			
Street Address 63 Dellwood Rd.		Street Address				
city Cranston	State RI	Zip 02920	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 Michael J. Valelli 10/18/2021						
Signature of Authorized Person, Whall Lelli						

MAIL TO:

Division of Business Services

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

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