

State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SYCS DIV

Annual Report for the year: 202 2021 OCT 29 AM 9: 55 **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				
000791492	Quality Plasterina LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
238310	Plastering				
5. State of Formation	1	•)		
RI					
6. Principal Office Address	- 1	1	City	State	Zip
76 Bank	Stre	<u>et </u>	North Attlebox	MA	02760
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Giovani Cardona			Contact Title		
Street Address 16 DONK Hypot			North Attleboro	State	<u>7</u> 2766
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					
Giovani Cardona Oliva 10/27/2021					
Signature of Authorized Person					
White C					

MAIL TO:

Division of Business Services

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

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

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FORM 632 - Revised: 08/2020