

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 NOV 29 A 9: 54

Annual Report for the year: <u>2021</u> 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.

					
Entity ID Number	2. Exact name of the Limited Liability Company				
516552	RPC Insallations LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
238330	Install CARpet, VinyC, VCT, LVT				
5. State of Formation					
RI					
6 Principal Office Address			City	State	Zip
\$\$ 21 Lear DR			COV.	RI	02816
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GREGORY A Stull			Contact Title		
Street Address 21 LeAR DR			City	State R T	SS 18
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					-
GRE 90RY A. Stull Signature of Authorized Person				11-29	1-21
Signature of Authorized Person					
Megony 9. Study					
0					

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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