| State of Rhode Island Office of the Secretary of State | | | | No Fee |
|--|--|------------------|-----------------------|------------------------|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 | | | | |
| (401) 222-3040 | | | | |
| Domestic Limited Liability Company Annual Report - Amended (Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended) | | | | |
| This form is only to be used to amend the current annual report on file with this office. | | | | |
| ANNUAL REPORT YEAR: 2021 | | | | |
| 1. ID No. <u>000525833</u> | | | | |
| 2. Exact Name of the Limited Liability Company Joshua Luis Enterprises, L.L.C. | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | |
| <u>561730</u> | | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
| LANDSCAPING MAINTENANCE & SERVICES, IT CONSULTING, CONSTRUCTION AND CARPENTRY. | | | | |
| 5. Principal Office Addres | SS | | | |
| No. and Street: <u>243 N</u> | ORTH MAIN STREET | | | |
| City or Town: <u>PROV</u> | <u>IDENCE</u> | State: <u>RI</u> | Zip: <u>02903</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: <u>JOSHUA L. PEREIRA</u> Contact Title: <u>AUTHORIZED PERSON</u> No. and Street: <u>243 NORTH MAIN STREET</u> | | | | |
| | IDENCE | State: <u>RI</u> | Zip: <u>02903</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Name | | Addre | ess |
| | First, Middle, Last, Suffix | Addre | ss, City or Town, Sta | ate, Zip Code, Country |
| | | | | |
| | HODE ISLAND - DO NOT AL 9 of Form 642 - R.I.G.L. 7-16 | | | |

ORSON AND BRUSINI LTD. 144 WAYLAND AVENUE PROVIDENCE, RI 02906

Signed this 30 Day of November, 2021 at 11:19:30 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOSHUA L. PEREIRA Signature of Authorized Pare

Signature of Authorized Person

Form No. 632 Revised 09/07

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