



State of Rhode Island
Department of State - Business Services Division

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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 <u>001661455</u>		2. Exact name of the Limited Liability Company <u>Quality Renovations LLC</u>	
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>Construction - Residential and commercial</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>2 Farnum Pike</u>		City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Mike Duhaime</u>		Contact Title <u>Owner</u>	
Street Address <u>2 Farnum Pike</u>		City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Mike Duhaime</u>		Manager Name <u>Joshua Duhaime</u>	
Street Address <u>2 Farnum pike</u>		Street Address <u>242 Chestnut Oak rd</u>	
City <u>Smithfield</u>	State <u>RI</u> Zip <u>02917</u>	City <u>Chepachet</u>	State <u>RI</u> Zip <u>02814</u>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. ☐ Check the box to indicate an attachment			
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 <u>Michael Duhaime</u>		Date <u>12/22/2021</u>	
Signature of Authorized Person			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY QF036