



Department of State - Business Services Division

2023 JAN - 9 PM 3: 36

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001657600	2. Exact name of the Limited Liability Company A ACTION APPLIANCE REPAIR LLC				
3. NAICS Code 811490	4. Brief description of the cha	4. Brief description of the character of business conducted in Rhode Island APPLIANCE REPAIR			
5. State of Formation CT	APPLIANCE REPAIR				
6. Principal Office Address 379 EAST CENTER STREET		City MANCHESTER	State CT	Zip 06040	
	d Liability Company and Name or T	Fitle of Contact Person	<u></u>		
Contact Name JON JAY MISKIN		Contact Title PRESIDENT			
Street Address 39 WOODDUCK FARMS ROAD		City WINDSOR	State CT	^{Zip} 06095	
8. The Resident Agent infor	mation currently of record with the f	RI Department of State is accura-	te. Changes require	e filing Form 642	
Under penalty of perjury, I	l declare and affirm that I have ex tatements contained herein are tr	xamined this report, including a			
Name of Authorized Person JON JAY MISKIN			Date 8/16/22		
Signature of Authorized Pers	son				

FILED

JAN 0 9 2023

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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