

Annual Report for the year: **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.

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BUS SYES DIV						

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Entity ID Number	2. Exact name of the Limited Liability Company								
001336075									
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island								
7.36118	4. Brief description of the character of business conducted in Rhode Island Remodel, New Constuction, Additions								
5. State of Formation	rmation								
RI									
6. Principal Office Address	1	City	State	Zip					
30 OAKDellC	incle	EAST Green wich	RI	47818					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Street Address Street Address Contact Title Mgr Member City 30 CAKBELL CINCLE City TGSTGSEEWWICH State ZIP W818									
Street Address SO CAK De [1	1 Cincle	EgsTGreenwich	State KI	ZID 02818					
8. 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 Robert F. Madeiros			Date 1/10/23						
Signature of Authorized Person Robert Medaux									

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 1104

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