

Annual Report for the year: 2013
Limited Liability Company

→ Filing period: February 1 - May 1

→ Fling Fee: \$50.00

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

RECEIVED O.I. DEPT. OF STATE FUS SVOS COV

2023 MAR -3 P 12: 42

1. Entity ID Number 000535177	2. Exact name of the Limited Liability Company CUSTOM ARCHITECTURAL DESIGN MANAGEMENT LLC 4. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF WOOD PRODUCTS			
3. NAICS Code 541310				
5. State of Formation NR				
6. Principal Office Address 640 HARVARD ST		City MANCHESTER	State NH	Zip 03103
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	····	
Contact Name RANDALL, MIKAMI		Contact Title MEMBER		
Street Address 373 S WILLOW ST SUITE 308		Chy MANCHESTER	State NH	Zip 03103
8. The Resident Agent Info	mation currently of record with	the RI Department of State is accurate	te. Changes require	filing Form 642.
	I declare and affirm that I had talenents contained herein a	ve examined this report, including a are true and correct.	any accompanying	g schedules and
Name of Authorized Person RANDALL MIKAMI	n		Date 3/3/23	
Signature of hethodized Po	Me			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov FILED

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BY AT 9 VB A.A. 12:43 pm.