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State of Rhode Island

Department of State - Business Services Division

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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.

Entity In Number 2. Exact name of the Limited Liability Company						
1698 959	98 959 BETTER HOME LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
230115	PROPERTY MANAGEMENT					
5. State of Formation						
RHODE ISLAND	CONSTRUCTION					
6. Principal Office Address		City	State	Zip		
60 SAMUEL A	ik	PAWTUCKET	157	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MICHASL SANTA Contact Title OWNER						
Street Address 60 SA	JUEL AVE	CHYPAWTUCKCT	State T	Zip 02860		
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	MICHAEL	SAUTA.	Date 3 -	17-23		
Signature of Authorized Person						

FILED

MAR 17 2023 BY MU Q 28WA

MAIL TO:

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

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