Otate of Directo Island	Fee: \$50.00
State of Rhode Island Office of the Secretary of State	ree: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>001661420</u>	
2. Exact Name of the Limited Liability Company Ocean State Renovation LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>541320</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rho Island	ode
LANDSCAPE AND GENERAL CONTRACTING	
5. Principal Office Address	
5. Principal Office Address No. and Street: 33 PARKVIEW TRAIL	
	<u>USA</u>
No. and Street: <u>33 PARKVIEW TRAIL</u>	<u>USA</u>
No. and Street: 33 PARKVIEW TRAIL City or Town: CUMBERLAND State: RI Zip: 02864 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DONALD J NORTON Contact Title: OWNER	<u>USA</u>
No. and Street: 33 PARKVIEW TRAIL City or Town: CUMBERLAND State: RI Zip: 02864 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DONALD J NORTON Contact Title: OWNER No. and Street: 33 PARKVIEW TRAIL	
No. and Street: 33 PARKVIEW TRAIL City or Town: CUMBERLAND State: RI Zip: 02864 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DONALD J NORTON Contact Title: OWNER	
No. and Street: 33 PARKVIEW TRAIL City or Town: CUMBERLAND State: RI Zip: 02864 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DONALD J NORTON Contact Title: OWNER No. and Street: 33 PARKVIEW TRAIL	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of April, 2023 at 12:12:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DONALD JOSEPH NORTON

Signature of Authorized Person

Form No. 632 Revised 09/07

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