Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040				
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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023: 2023         1. ID No.       001716113         2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         238390       2         4. brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE City or Town:       CHARLESTOWN         State: RI       ZIP 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name:         Contact Name:       IMM		State of Rhode Island Office of the Secretary of State	Fee: \$50.00	
Providence RI 02904-2615     (401) 222-3040  Limited Liability Company Annual Report Filing Period: February 1 - May 1  In accordence with R.I.G. L. 7-16-66(d), each limited liability company failing or redusing to file its annual report within thirty (30) days after the time prescribed by faw (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.  ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023; 2023  1. ID No. 001716113  2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC  3. State of Formation State: RI  ARTICLE II  Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238390  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES  5. Principal Office Address No. and Street: 53 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: IAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 2260 JUAKER LANE SUITE 600				
(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 rejusing to file is annual report within thirty (20) 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 - ENTER THE CURRENT FILING YEAR 2023: 2023         1. ID No. 001716113         2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street: 33 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI ZIP: 02813 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 255 QUAKER LANE SUITE 600 <td></td> <td></td> <td></td>				
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 - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : 2023 1. ID No. 001716113 2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC 3. State of Formation State: RI  RI  RTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: <u>53 ATLANTIS DRIVE</u> City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: <u>255 QUAKER LANE</u> SUITE 600	1626			
Annual Report Filing Period: February 1 - May 1 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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023: 2023 1. ID No. 001716113 2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC 3. State of Formation State: RI  ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: 53 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 255 QUAKER LANE SUITE 600	1030			
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 - ENTER THE CURRENT FILING YEAR 2023: 2023 1. ID No. 001716113 2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: 53 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 255 QUAKER LANE SUITE 600		Company		
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 - ENTER THE CURRENT FILING YEAR 2023: 2023           1. ID No.         001716113           2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC           3. State of Formation           State: RI           ARTICLE III           Enter the six digit NAICS Code that best describes the primary business conducted by the entity.           Download the list of codes here.         More information on NAICS can be found online.           238390         238390           4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island           TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES           5. Principal Office Address           No. and Street:         53 ATLANTIS DRIVE           City or Town:         CHARLESTOWN         State: RI         Zip: 02813         Country: USA           6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:           Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY           No. and Street:         255 QUAKER LANE           SUITE 600		ary 1 - May 1		
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 - ENTER THE CURRENT FILING YEAR 2023: 2023           1. ID No.         001716113           2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC           3. State of Formation           State: RI           ARTICLE III           Enter the six digit NAICS Code that best describes the primary business conducted by the entity.           Download the list of codes here.         More information on NAICS can be found online.           238390         238390           4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island           TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES           5. Principal Office Address           No. and Street:         53 ATLANTIS DRIVE           City or Town:         CHARLESTOWN         State: RI         Zip: 02813         Country: USA           6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:           Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY           No. and Street:         255 QUAKER LANE           SUITE 600	In accordance with I	R.I.G.L. 7-16-66(d), each limited liability company failing or		
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023: 2023          1. ID No.       001716113         2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity.         Download the list of codes here. More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN       State: RI         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>255 QUAKER LANE</u> SUITE 600       SUITE 600	refusing to file its annual report within thirty (30) days after the time prescribed by			
1. ID No.       001716113         2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN       State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY         No. and Street:       255 QUAKER LANE       SUITE 600	law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC 3. State of Formation State: RI  ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 238390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: 53 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 255 QUAKER LANE SUITE 600	ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>			
3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity.         Download the list of codes here, More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN       State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY         No. and Street:       255 QUAKER LANE       SUITE 600	1. ID No. <u>001716113</u>			
State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN       State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY         No. and Street:       255 QUAKER LANE       SUITE 600	2. Exact Name of the Limited Liability Company Salt Life Home Improvement LLC			
ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street: 53 ATLANTIS DRIVE         City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY         No. and Street:       255 QUAKER LANE         SUITE 600	3. State of Format	tion		
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. 238390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: <u>53 ATLANTIS DRIVE</u> City or Town: <u>CHARLESTOWN</u> State: <u>RI</u> zip: <u>02813</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>TAMMY A BOTTELLA</u> Contact Title: <u>ATTORNEY</u> No. and Street: <u>255 QUAKER LANE</u> <u>SUITE 600</u>	State: <u>RI</u>			
Download the list of codes here. More information on NAICS can be found online.         238390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State: RI       zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY       255 QUAKER LANE         SUITE 600	ARTICLE III			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode         Island         TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL         RELATED         ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State: RI       Zip: 02813         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         No. and Street:       255 QUAKER LANE         SUITE 600				
Island TO BUILD, REMODEL AND REHABILITATE REAL ESTATE, AND ANY AND ALL RELATED ACTIVITIES 5. Principal Office Address No. and Street: 53 ATLANTIS DRIVE City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: TAMMY A BOTTELLA Contact Title: ATTORNEY No. and Street: 255 QUAKER LANE SUITE 600	<u>238390</u>			
RELATED         ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY         No. and Street:       255 QUAKER LANE         SUITE 600				
RELATED         ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY:       255 QUAKER LANE         SUITE 600				
ACTIVITIES         5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE CHARLESTOWN         City or Town:       CHARLESTOWN         State: RI       Zip: 02813         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY:         No. and Street:       255 QUAKER LANE SUITE 600		ODEL AND KEHABILITATE KEAL ESTATE, AND ANY A	AND ALL	
5. Principal Office Address         No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State: RI       Zip: 02813         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY:         No. and Street:       255 QUAKER LANE         SUITE 600				
No. and Street:       53 ATLANTIS DRIVE         City or Town:       CHARLESTOWN         State:       RI         Zip:       02813         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY       255 QUAKER LANE         SUITE 600				
City or Town:       CHARLESTOWN       State: RI       Zip: 02813       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:       ATTORNEY         No. and Street:       255 QUAKER LANE       SUITE 600	5. Principal Office	Address		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       TAMMY A BOTTELLA Contact Title:         ATTORNEY         No. and Street:       255 QUAKER LANE         SUITE 600	No. and Street:	53 ATLANTIS DRIVE		
Contact Name: <u>TAMMY A BOTTELLA</u> Contact Title: <u>ATTORNEY</u> No. and Street: <u>255 QUAKER LANE</u> <u>SUITE 600</u>	City or Town:	<u>CHARLESTOWN</u> State: <u>RI</u> Zip: <u>02813</u> C	ountry: <u>USA</u>	
No. and Street: 255 QUAKER LANE SUITE 600	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
SUITE 600	Contact Name: <u>T</u>	AMMY A BOTTELLA Contact Title: ATTORNEY		
	No. and Street:			
	City or Town:		country: <u>USA</u>	

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ATTORNEY TAMMY BOTTELLA 255 QUAKER LANE SUITE 600 WEST WARWICK , RI 02893

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

**Signed this 27 Day of April, 2023 at 12:51:52 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 VICTOR RAIMONDI

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved