RI SOS Filing Number: 202335493470 Date: 5/10/2023 4:00:00 PM

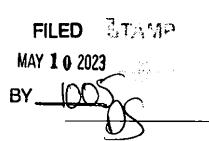


## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2023 **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.



| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                         |            |                      |
|---|---|-------------------------|------------|----------------------|
| 001715495   | EDGAR QUALITY SEAMLESS GUTTERS LLC  |                         |            |                      |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                         |            |                      |
| 238170  | NEW SEAMLESS GUTTERS INSTALATIONS   |                         |            |                      |
| 5. State of Formation   | 1   |                         |            |                      |
| RHODE ISLAND  |   |                         |            |                      |
| 6. Principal Office Address   |   | City                    | State      | Zip                  |
| 902 CHALKSTONE AVE  |   | PROVIDENCE              | RI         | 02908                |
| 7. Mailing Address of Limited Lia   | bility Company and Name or  | Title of Contact Person |            |                      |
| Contact Name EDGAR JUAREZ   |   | Contact Title OWNER     |            |                      |
| Street Address 902 CHALKSTONE AVE   |   | City PROVIDENCE         | State RI   | <sup>Zip</sup> 02909 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                         |            |                      |
| 9. 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   |   |                         | Dale       |                      |
| EDGAR JUAREZ  |   |                         | 05/05/2023 |                      |
| Signature of Authorized Person-   |   |                         | •          | ·                    |

**Division of Business Services** 

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

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