•		RECEIVE		
State of Rhode Islan	nd	R.I. DIPT. OF S		
Department of S	tate - Business Services	s Division BUS SVCS D	' '7	~ ×
·		7073 AUG -7 P	1: 07	2023
Annual Report for the year: Limited Liability Company	2023			JUL 12 F
→ Filing period: February 1→ Filing Fee: \$50.00	- May 1			
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				U ., U
				ATE : 0
1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		
001731487.	H & A Rem	nodeling LLC		
3. NAICS Code		ter of business conducted in Rhoo	de Island	
236220				
5. State of Formation	_			
RI	General Cons	froction		
6. Principal Office Address		1 City	State	Zip
14 Hilarify Spreet		Providence	21	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Herber Mefjali S	palmeron Guerra			
Street Address		City	State	Zip
14 Hilarify Street		Providence	RL	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			Date	
Herber Netrali Galmeron Guerra			07/07/23	

FILED

616 7 2029 614 WK4NS.

1704

MAIL TO:

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

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

Signature of Authorized Person

THE.