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## State of Rhode Island

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

2017

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.

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2024 JAN 23 P 2: 30

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company  |  |                   |                      |  |
|--|---|--|-------------------|----------------------|--|
| 000561871  | UNITED HOME IMPROVEMENT LLC   |  |                   |                      |  |
| 3. NAICS Code<br>236118                                    | Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENT |  |                   |                      |  |
| 5. State of Formation RI                                   |   |  |                   |                      |  |
| 6. Principal Office Address                                |   | City   | State             | Zip                  |  |
| 107 PARKVIEW DR  |   | PAWTUCKET  | RI                | 02861                |  |
| 7. Mailing Address of Limited I                            | iability Company and Name or  | Title of Contact Person                              |                   |                      |  |
| Contact Name GARY HOLI                                     | MES   | Contact Title OWNER                                  |                   |                      |  |
| Street Address 107 PARKVIEW DR                             |   | City PAWTUCKET                                       | State RI          | <sup>Zıp</sup> 02861 |  |
| 8. The Resident Agent informa                              | ation currently of record with the  | RI Department of State is accurate                   | e. Changes requir | e filing Form 642.   |  |
| 9. Under penalty of perjury, statements, and that all stat | I declare and affirm that I hav<br>ements contained herein are                            | re examined this report, including true and correct. | g any accompany   | ring schedules and   |  |
| Name of Authorized Person                                  |   | Date   |                   |                      |  |
| GARY HOLMES  |   | 01/22/24   |                   |                      |  |
| Signature of Authorized Person                             | Hohm  |  |                   |                      |  |

JAN 2.3 2024 BY Q XHPB

MAIL TO:

**Division of Business Services** 

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

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