



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED
FEB 14 2024
BY *[Signature]*

1. Entity ID Number 000919410		2. Exact name of the Limited Liability Company SHAMROCK WELL & PUMP, LLC		
3. NAICS Code 238990		4. Brief description of the character of business conducted in Rhode Island SERVICE OF RESIDENTIAL WELLS AND WATER EQUIPMENT		
5. State of Formation RI				
6. Principal Office Address 45 INDUSTRIAL ROAD, SUITE 207		City CUMBERLAND	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ROBERT SCHOFIELD		Contact Title MEMBER		
Street Address 45 INDUSTRIAL ROAD, SUITE 207		City CUMBERLAND	State RI	Zip 02864
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person ROBERT SCHOFIELD			Date / 02/09/2024	
Signature of Authorized Person ✓ <i>[Signature]</i>				

MAIL TO:
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