



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

REC'D RIDOS BSD  
 14 FEB 19 AM 9:45:00

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<br><u>1723695</u>   |  | 2. Exact name of the Limited Liability Company<br><u>AJT Home Restoration LLC</u>  |                    |
| 3. NAICS Code<br><u>236118</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Painting, demo.</u><br><u>Construction</u> |                    |
| 5. State of Formation<br><u>RI</u>  |  |  |                    |
| 6. Principal Office Address<br><u>143 Indiana Ave</u>   |  | City<br><u>Providence</u>  | State<br><u>RI</u> |
|   |  | Zip<br><u>02905</u>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><u>Aleandry Tavaraz</u>   |  | Contact Title  |                    |
| Street Address<br><u>143 Indiana Ave</u>  |  | City<br><u>Providence</u>  | State<br><u>RI</u> |
|   |  | Zip<br><u>02905</u>  |                    |
| 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<br><u>Aleandry Tavaraz</u>  |  | Date<br><u>02-14-24</u>  |                    |
| Signature of Authorized Person<br><u>Aleandry Tavaraz</u>   |  |  |                    |

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BY SN 798 FS

**MAIL TO:**

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