



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 Limited Liability Company

2024 Amended

- 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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REC'D RHODES BSD
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1. Entity ID Number 001753689		2. Exact name of the Limited Liability Company WOODLAND LLC	
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island RESIDENTIAL CONSTRUCTION & REMODELATION	
5. State of Formation RI			
6. Principal Office Address 47 E EARLE ST		City CUMBERLAND	State RI
		Zip 02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANILSON VARELA		Contact Title	
Street Address 47 E EARLE ST		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. 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 ANILSON VARELA		Date 03/07/2024	
Signature of Authorized Person 			

FILED

MAR 07 2024

BY ML

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 07, 2024 01:23 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

