



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001714506

2. Exact Name of the Limited Liability Company A Plus Remodeling & Lawncare LLC

3. State of Formation

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236118

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE ARE A RESIDENTIAL HOME REMODELING AND LAWN CARE BUSINESS, WE ALSO POWER WASH HOMES, DECKS, DEBRIS REMOVAL, AND CLEAN UPS. OUR GOAL IS TO ENHANCE THE COMMUNITY BY PROVIDING QUALITY WORK AT A GREAT PRICE.

5. Principal Office Address

No. and Street: 166 VALLEY STREET  
BLGD 6M

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ANDRIJ SEIDE Contact Title: OWNER  
No. and Street: 166 VALLEY STREET

City or Town: BLDG 6M  
PROVIDENCE State: RI Zip: 02909 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 13 Day of March, 2024 at 12:40:20 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By ANDRIJ SEIDE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved