



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year:  
Limited Liability Company

2024

- 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 001720051		2. Exact name of the Limited Liability Company Your Friend Lopez LLC		
3. NAICS Code 236112		4. Brief description of the character of business conducted in Rhode Island Home Remodeling		
5. State of Formation RI				
6. Principal Office Address 9 Carl St Apt. 1		City Providence	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Oscar Lopez		Contact Title Member		
Street Address 9 Carl St Apt. 1		City Providence	State RI	Zip 02909
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 Oscar Lopez			Date 03-19-2024	
Signature of Authorized Person 				

FILED

MAR 19 2024

BY NDWPJ  
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MAIL TO:

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