RI SOS Filing Number: 202450872660 Date: 4/11/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

2024

Annual Report for the year: Limited Liability Company

r: _____

→ 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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4.5 (2.15.1)	10.5	122				
1. Entity ID Number		2. Exact name of the Limited Liability Company				
001763724	WICKED BUILDERS	WICKED BUILDERS, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
238990	RESIDENTIAL AND CO	MMERCIAL CONSTR	UCTION			
5. State of Formation						
MA						
6. Principal Office Address		City	State	Zip		
139 NEWLAND STREET		NORTON	MA	02766		
	d Liability Company and Name or Title	of Contact Person	<u> </u>			
Contact Name DIANE ALI	ORICH or Anthony Touselari	Contact Title MANAGER	or C	WNER		
Street Address 139 NEWL		City NORTON	State MA	^{Zip} 02766		
8. The Resident Agent inform	nation currently of record with the RI I	Department of State is accurate	e. Changes require	filing Form 642.		
	y, I declare and affirm that I have ex atements contained herein are true		any accompanyi	ng schedules and		
Name of Authorized Person		1	. Date /			
DIANE ALDRICH		Anthony Tasselars 4/8/24				
Signature of Authorized Rerson Lauch						
			7			

FILED

APR 11 2024 BY 2115 AA.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov