



State of Rhode Island
Department of State - Business Services Division

FILED
 APR 26 2024
 BY 1046

Annual Report for the year: 2024
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.

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|---|--|---|--|------------------|--------------|
| 1. Entity ID Number C01756335 | | 2. Exact name of the Limited Liability Company LACROIX HOME SOLUTIONS, LLC | | | |
| 3. NAICS Code 238290 | | 4. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 274 LOG ROAD | | City SMITHFIELD | | State RI | Zip 02917 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JOSHUA LACROIX | | Contact Title MEMBER | | | |
| Street Address 274 LOG ROAD | | City SMITHFIELD | | State RI | Zip 02917 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person JOSHUA LACROIX | | | | Date 03/11/24 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
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