



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.

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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