

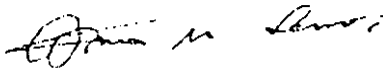


State of Rhode Island  
Department of State - Business Services Division

REC'D  
 APR 25 2024  
 12:50:48 PM  
 STATE OF RHODE ISLAND  
 BUSINESS SERVICES DIVISION  
 STAMP

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<br><b>001702070</b>  |  | 2. Exact name of the Limited Liability Company<br><b>CONSPRO LLC</b>   |                                 |                           |                     |
| 3. NAICS Code<br><b>236118</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Residential Remodelers</b> |                                 |                           |                     |
| 5. State of Formation<br><b>RI</b>   |  |  |                                 |                           |                     |
| 6. Principal Office Address<br><b>80 ELIZA STREET</b>  |  |  | City<br><b>PROVIDENCE</b>       | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                                 |                           |                     |
| Contact Name<br><b>MAURO NOGUEIRA</b>  |  |  | Contact Title<br><b>MANAGER</b> |                           |                     |
| Street Address<br><b>410 N. BROADWAY</b>   |  |  | City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b>        | Zip<br><b>02917</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                                 |                           |                     |
| 9. <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<br><b>Vincent Levros</b>   |  |  |                                 | Date<br><b>04/22/2024</b> |                     |
| Signature of Authorized Person<br>  |  |  |                                 |                           |                     |

FILED

APR 25 2024  
 BY FV9Q9  
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov