



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 APR 29 PM 12:47:36

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><u>001732957</u>   |  | 2. Exact name of the Limited Liability Company<br><u>F &amp; F Services, L.L.C.</u>               |  |
| 3. NAICS Code<br><u>236118</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Repair HOME</u> |  |
| 5. State of Formation<br><u>R.I.</u>  |  |   |  |
| 6. Principal Office Address<br><u>139 Deazie St.</u>  |  | City<br><u>Providence</u>   | State<br><u>R.I.</u> Zip<br><u>02908</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |  |
| Contact Name<br><u>José Figari</u>  |  | Contact Title<br><u>OWNER</u>   |  |
| Street Address<br><u>139 Deazie St.</u>   |  | City<br><u>Providence</u>   | State<br><u>R.I.</u> Zip<br><u>02908</u> |
| 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<br><u>José Figari</u>   |  |   | Date<br><u>April 29, 2024</u>            |
| Signature of Authorized Person<br>  |  |   |  |

FILED  
APR 29 2024  
BY ML & BWT

MAIL TO:  
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