

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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	2. Exact name of the Limited Liability Company					
1682493	General Construction and Remodeling, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236118	General Contructor and home remodeler.					
5. State of Formation	1					
RI						
6. Principal Office Address	<u> </u>	City	State	Zip		
33 Providence Ave		Riverside	RI	02915		
7. Mailing Address of Limited Lia	ability Company and Name or Titl	e of Contact Person		•		
Contact Name Nicholas Andreozzi		Contact Title Chief of Operation				
Street Address 40 Planet Ave		City Riverside	State RI	<sup>Zip</sup> 02915		
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			Date			
Nicholas Andreozzi			04/29/2024			
Signature of Authorized Person		<u> </u>	·			

FILED Q21

MAIL TO:

**Division of Business Services** 

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

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