

→ 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					
171 2035	HANDYMA	N OF	PROVIDENCE L	16		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
561720	HANDYMAN SERVICES					
5. State of Formation	The low of the last of the las					
RI.						
6. Principal Office Address	ST	•	City PROUIDENCE	State RT	02909	
7. Mailing Address of Limited Lia	bility Company and N	lame or Title	of Contact Person			
Contact Name MARW	ALEXANDRE		Contact Title			
Street Address 197 DEA	n st		City PROVIDENCE	State RT	Zip 02903	
8. The Resident Agent information	n currently of record	with the RI C	Department of State is accurat	te. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				any accompanying	schedules and	
Name of Authorized Person	Aurélio Alexandre		07/11/24			
Signature of Authorized Pe)sog	: Wenady			7	/ ′	

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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