	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Co Annual Report Filing Period: Februar		
refusing to file its ann	R.I.G.L. 7-16-66(d), each limited liability company failing or nual report within thirty (30) days after the time prescribed by 6(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT Y	YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>	
1. ID No. <u>001713</u>	3362	
2. Exact Name of the Limited Liability Company <u>INFINITE BUILDERS LLC</u>		
3. State of Formatio	ion	
State: <u>RI</u>		
	NAICS CODE	
-	AICS Code that best describes the primary business conducted by the f codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
<u>236118</u>		
4. Brief Description Island	n of the Character of the Business Which is Actually Conducted in R	hode
Island	n of the Character of the Business Which is Actually Conducted in R	
Island CONSTRUCTION	I CONTRACT AND REMODEL NEW SINGLE FAMILY AND	
Island <u>CONSTRUCTION</u> <u>FAMILY</u>	N CONTRACT AND REMODEL NEW SINGLE FAMILY AND Address 599 PINE STREET	
Island <u>CONSTRUCTION</u> <u>FAMILY</u> 5. Principal Office A	N CONTRACT AND REMODEL NEW SINGLE FAMILY ANDM	<u>IULTI</u>
Island <u>CONSTRUCTION</u> <u>FAMILY</u> 5. Principal Office A No. and Street: City or Town:	N CONTRACT AND REMODEL NEW SINGLE FAMILY AND Address 599 PINE STREET 1L	<u>IULTI</u>
Island <u>CONSTRUCTION</u> <u>FAMILY</u> 5. Principal Office A No. and Street: City or Town:	A CONTRACT AND REMODEL NEW SINGLE FAMILY AND   Address   599 PINE STREET   1L   CENTRAL FALLS State: RI   Zip: 02863 Country   of Limited Liability Company and Name or Title of Contact Person:	<u>IULTI</u>
Island   CONSTRUCTION   FAMILY   5. Principal Office A   No. and Street:   City or Town:   6. Mailing Address of   No. and Street:   Ontact Name:   Contact Name:   You and Street:	A CONTRACT AND REMODEL NEW SINGLE FAMILY AND   Address   599 PINE STREET   1L   CENTRAL FALLS State: RI   Zip: 02863 Country   of Limited Liability Company and Name or Title of Contact Person:	<u>1ULTI</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTHONY PATRICK 595 PINE STREET CENTRAL FALLS , RI 02863

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 14 Day of July, 2024 at 10:36:34 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By ANTHONY PATRICK

Signature of Authorized Person

Form No. 632 Revised 09/07

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