



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV.  
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Annual Report for the year: 2019  
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>000506147                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Steve Allen Plumbing Service LLC              |                    |              |
| 3. NAICS Code<br>238220                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Plumbing Service |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                 |                    |              |
| 6. Principal Office Address<br>118 Brookfarm Road South                                                                                                                                                 |  | City<br>South Kingstown                                                                         | State<br>RI        | Zip<br>02879 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                 |                    |              |
| Contact Name<br>Stephen W. Allen Jr                                                                                                                                                                     |  | Contact Title<br>Owner                                                                          |                    |              |
| Street Address<br>P.O. Box 5309                                                                                                                                                                         |  | City<br>Wakefield                                                                               | State<br>RI        | Zip<br>02880 |
| 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>Stephen W. Allen Jr.                                                                                                                                                       |  |                                                                                                 | Date<br>08/15/2024 |              |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                 |                    |              |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

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BY

FORM 6320 Revised 12/2023