

## State of Rhode Island

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

Annual Report for the year: 2021
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 Lial | bility Company |                     |  |  |
| 1743187   | Fence Doc                         | tors LLC       |                     |  |  |
| 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island   |                                   |                |                     |  |  |
| 238990  | Fence & G                         | pate Insta     | llation             |  |  |
| 5. State of Formation Rhode Island  | Decks                             | , Repairs      |                     |  |  |
| 6. Principal Office Address   | 11/5+ #2                          | Providence     | State   Zip   D2904 |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                                   |                |                     |  |  |
| Contact Name  | Correid                           | Contact Title  | er                  |  |  |
| Street Address  | sill st #2                        | Providence     | State R.T. 2102964  |  |  |
| 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   | icholas (                         | orleia         | Date 8/30/24        |  |  |
| Signature of Authorized Person  | Muholan                           | Conli          |                     |  |  |

FILED

AUG 3 0 2024

MAIL TO:

**Division of Business Services** 

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

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