

REC'D RIDCS BSD  
24130 14 PM 12:08:12State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2014

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>000131312                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>Empire Home Improvement LLC                                                                    |              |
| 3. NAICS Code<br>238330                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>In home sale of installed flooring, carpet and window treatments. |              |
| 5. State of Formation<br>Delaware                                                                                                                                                                       |  |                                                                                                                                                  |              |
| 6. Principal Office Address<br>333 Northwest Avenue                                                                                                                                                     |  | City<br>Northlake                                                                                                                                | State<br>IL  |
|                                                                                                                                                                                                         |  |                                                                                                                                                  | Zip<br>60164 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                  |              |
| Contact Name<br>Thomas Knapp                                                                                                                                                                            |  | Contact Title<br>Chief Financial Officer                                                                                                         |              |
| Street Address<br>333 Northwest Avenue                                                                                                                                                                  |  | City<br>Northlake                                                                                                                                | State<br>IL  |
|                                                                                                                                                                                                         |  |                                                                                                                                                  | Zip<br>60164 |
| 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>Thomas Knapp                                                                                                                                                               |  | Date<br>11/7/24                                                                                                                                  |              |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                                  |              |

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## MAIL TO:

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