RI SOS Filing Number: 202461656040 Date: 12/16/2024 2:36:00 PM



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

Annual Report for the year: 2025 **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               | 2 Event name of the Limi   | and Linbilla, Commany  |                   | 6 2                  |  |
|-----------------------------------|--|--|-------------------|----------------------|--|
| 1. Entity ID Number               | 2. Exact name of the Limited Liability Company                           |  | - 70              |                      |  |
| 001666330                         | IRON PIPES PL  | IRON PIPES PLUMBING LLC  |                   |                      |  |
| 3. NAICS Code                     | 4. Brief description of the  | 4. Brief description of the character of business conducted in Rhode Island PLUMBING & HEATING |                   |                      |  |
| 238220                            | PLUMBING & HEA   |  |                   |                      |  |
| 5. State of Formation             | <del></del>  |  |                   |                      |  |
| RI                                |  |  |                   |                      |  |
| 6. Principal Office Address       |  | City   | State             | Zip                  |  |
| 650 CHERRY FARM RD                |  | HARRISVILLE  | RI                | 02830                |  |
| 7. Mailing Address of Limit       | ed Liability Company and Name  | or Title of Contact Person   | <u> </u>          |                      |  |
| Contact Name STEPHANIE ARPIN      |  | Contact Title MEMBER   |                   |                      |  |
| Street Address 650 CHERRY FARM RD |  | City<br>HARRISVILLE  | State RI          | <sup>Zip</sup> 02830 |  |
| 8. The Resident Agent info        | rmation currently of record with the                                     | he RI Department of State is accurate  | e. Changes requir | e filing Form 642.   |  |
|                                   | ry, I declare and affirm that I haster<br>statements contained herein ar | ave examined this report, including<br>e true and correct.                                     | any accompany     | ring schedules and   |  |
|                                   | Name of Authorized Person  |  |                   | Date                 |  |
| Name of Authorized Perso          | "  |  | 12/3/2024         |                      |  |

MAIL TO:

Division of Business Services

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