RI SOS Filing Number: 202461707120 Date: 12/19/2024 9:17:00 AM

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

2025

Annual Report for the year: 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.

| <u>\id</u>    |  |
|---------------|--|
| REC'D RIDOS   |  |
| 11:51:<br>OSB |  |
| U)            |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                   |                |                  |  |  |
|---|---|-------------------|----------------|------------------|--|--|
| .9291857  | Refined Custom LLC  |                   |                |                  |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                   |                |                  |  |  |
| 213112  | <u> </u>  |                   |                |                  |  |  |
| 5. State of Formation   | Contracting / Construction  |                   |                |                  |  |  |
| PI  | (0)(11-2)110)   | UNSTINCTION       |                |                  |  |  |
| 6. Principal Office Address   |   | City              | State          | Zip              |  |  |
| 92 Moswansi Cut   | lake Drive  | N.Sc. Heate       | RT             | 02857            |  |  |
| 7. Mailing Address of Limited Lia   | bility Company and Name or Title  | of Contact Person |                |                  |  |  |
| Contact Name  |   | Contact Title     |                | 1                |  |  |
| Nicholas McG  | )uesten   | Chief operating   | Officer        | Jowner           |  |  |
| Street Address  |   | City              | State          | Zip              |  |  |
| 92 Haswansicu-  | - lake Orive  | N. Scituate       | PI             | 02857            |  |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |   |                   |                |                  |  |  |
|   | leclare and affirm that I have extends contained herein are true            |                   | ny accompanyin | ng schedules and |  |  |
| Name of Authorized Person   |   | Date              |                |                  |  |  |
| Nicholas McQuesten  |   |                   | 12/19/1024     |                  |  |  |
| Signature of Authorized Person  |   |                   |                |                  |  |  |
| I who Mass  | to  |                   |                |                  |  |  |

FILED 9:17

Uct 19 2024

BY F.

ENVÍE POR CORREO POSTAL A:

**Business Services Division**148 W. River Street, Providence, Rhode Island 02904-2615

Teléfono: (401) 222-3040 Sitio Web: www.sos.ri.gov