RI SOS Filing Number: 202461730100 Date: 12/19/2024 4:35:00 PM

| State of Rhode Island Department of State - Business Services Division | ZADECID R |
|---|----------------|
| Annual Report for the year: Limited Liability Company | Riods B |
| → Filing period: February 1 - May 1 → Filing Fea: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | 30:11 30:11 |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company Nelson Houseworks, LLC | | | | |
|-------------------------------|---|----------------------------------|----------------------|----------------------|--|
| 000959427 | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island Residential construction | | | | |
| 236110 | | | | | |
| 5. State of Formation | ヿ | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1576 Beacon Hill Lane | | Block Island | RI | 02807 | |
| 7. Mailing Address of Limited | Liability Company and Name or T | Title of Contact Person | | | |
| Contact Name Jacob Nelson | | Contact Title President | | | |
| Street Address PO Box 1511 | | City Block Island | State | ^{Zip} 02807 | |
| 8. The Resident Agent Inform | nation currently of record with the F | RI Department of State is accura | ite. Changes require | e filing Form 642. | |
| | , I declare and affirm that I have itements contained herein are tr | | ig any accompany | ing schedules and | |
| Name of Authorized Person | | Date | | | |
| Jacob Nelson | | 12/19/2024 | | | |
| Signature of Authorized Pers | on | | • | | |

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov