

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

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.

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1, Entity ID Number *	2. Exact name of the Limit	2. Exact name of the Limited Liability Company					
000959427	Nelson Houseworks, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
236110	Residential construction						
5. State of Formation							
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 Title of Contact Person							
Contact Name Jacob Nelson		Contact Title President					
Street Address PO Box 1511		City Block Island	State	<sup>Zip</sup> 02807			
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			Date				
Jacob Nelson			12/19/2024				
Signature of Authorized Person	n						

FILED

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MAIL TO:

**Division of Business Services** 

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

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