



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

1. ID No. 001774473

2. Exact Name of the Limited Liability Company Shaded Spaces, LLC

3. State of Formation

State: MA

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236118

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO OWN AND OPERATE A CONSTRUCTION COMPANY, INCLUDING BUT NOT LIMITED TO RENOVATIONS AND ADDITIONS. IN FURTHERANCE AND NOT IN LIMITATION OF THESE PURPOSES AND POWERS, TO DO ANY AND ALL THINGS AND EXERCISE ANY AND ALL POWERS NECESSARY, CONVENIENT, OR ADVISABLE TO ACCOMPLISH ONE OR MORE OF THE PURPOSES OF THE LIMITED LIABILITY COMPANY, AND TO DO ANY AND ALL THINGS WHICH SHALL AT ANY TIME APPEAR TO BE FOR THE BENEFIT OF THE LIMITED LIABILITY COMPANY, AND TO PERFORM OR EXERCISE UNDER AND IN PURSUANCE OF THE LAWS OF THE STATE OF RHODE ISLAND.

**5. Principal Office Address**

No. and Street: 580 EASTSIDE ROAD

City or Town: WRENTHAM

State: MA

Zip: 02093

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DANIEL J LEWIS Contact Title: MANAGER

No. and Street: 580 EASTSIDE ROAD

City or Town: WRENTHAM

State: MA

Zip: 02093

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RHODE ISLAND BUILDERS ASSOCIATION, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE  
301 EAST PROVIDENCE , RI 02914

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 18 Day of January, 2025 at 1:54:59 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DANIEL J LEWIS

Signature of Authorized Person

Form No. 632  
Revised 09/07

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