RI SOS Filing Number: 202564718140 Date: 2



State of Rhode Island Department of State - Business Services Divisio

Annual Report for the year: 2025 Corporation

Filing period: February 1 - May 1
Filing Fee: \$50.00

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Penalty: Additional \$25.00 f					<u> </u>			
Entity ID Number	2. Exact name of the Corporation							
001768500	PREFERRED BUILDERS, LLC							
3. Principal Office Address	<u> </u>		City	 	State	Zip		
5 FRIENDSHIP LANE				SMITHFIELD		02917		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
236118	CONSTRUCTION, REMODELING AND GENERAL MAINTENANCE.							
5. State of Incorporation	4							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name STANLEY KISILYWICZ			Vice-President Name					
Street Address 31 WILDFLOWER DR			Street Address					
City CRANSTON	State RI	^{Z_{IP}} 02921	City		State	Zip		
Secretary Name			Treasurer Na	Treasurer Name				
Street Address		Street Address						
City	State	Zip	City	-	State	Zip		
8. List ALL directors (names and ad	ddresses)	<u> </u>		Check t	he box to indicate	an attachment 🗆		
Director Name			Director Nam	Director Name				
Street Address		Street Address						
City	State	Zip	City		State	Zip		
Director Name		Director Name						
Street Address		Street Address						
City	State	Žip	City		State	Zip		
9. Shares Authorized	1:	10. Shares Issued			Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
This information is currently of record Department of State.	ra in the	NUMBER OF	SHARES	CLASSI	SERIES	PAR VALUE		
Changes require an additional filing.								
11. This report must be executed o	n behalf of the c	orporation by an au	thorized repre	sentative. If the o	corporation is in the	hands of a re-		
ceiver or trustee, this report must b	e executed on b	ehalf of the corpora	ation by the red	ceiver or trustee.				
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 Representative Date								
STANLEY, KIŞILYWICZ								
Signature of Authorized Representative					1/16/25			
Signature of Jugary Represent								

MAIL TO:

Division of Business Services

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

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