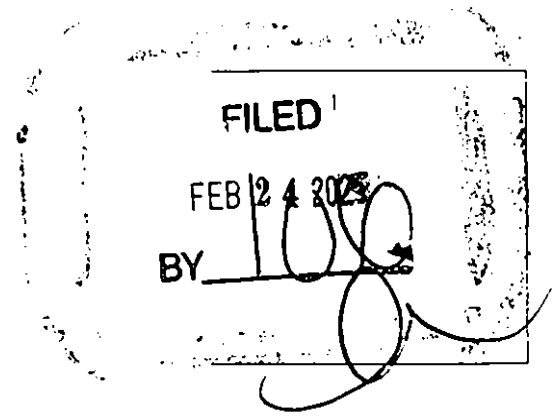




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.



|                                                                                                                                                                                                                |  |                                                                                                                                                                                                       |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><u>01773618</u>                                                                                                                                                                         |  | 2. Exact name of the Limited Liability Company<br><u>Nailed It Handyman Svcs. LLC</u>                                                                                                                 |                          |
| 3. NAICS Code<br><u>811450</u>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Handyman Services in home construction in rhode island, small kitchens, bathrooms, doors, outdoor porches, etc.</u> |                          |
| 5. State of Formation<br><u>rhode island</u>                                                                                                                                                                   |  |                                                                                                                                                                                                       |                          |
| 6. Principal Office Address<br><u>5 Rosewood Drive</u>                                                                                                                                                         |  | City<br><u>Greenville</u>                                                                                                                                                                             | State<br><u>RI</u>       |
|                                                                                                                                                                                                                |  | Zip<br><u>02828</u>                                                                                                                                                                                   |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                                                                       |                          |
| Contact Name<br><u>Robert G Tassoni</u>                                                                                                                                                                        |  | Contact Title<br><u>Owner</u>                                                                                                                                                                         |                          |
| Street Address<br><u>5 Rosewood Drive</u>                                                                                                                                                                      |  | City<br><u>Greenville</u>                                                                                                                                                                             | State<br><u>RI</u>       |
|                                                                                                                                                                                                                |  | Zip<br><u>02828</u>                                                                                                                                                                                   |                          |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                                                                                       |                          |
| 9. <i>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.</i> |  |                                                                                                                                                                                                       |                          |
| Name of Authorized Person<br><u>Robert G Tassoni</u>                                                                                                                                                           |  |                                                                                                                                                                                                       | Date<br><u>2/17/2025</u> |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                           |  |                                                                                                                                                                                                       |                          |

MAIL TO:

Division of Business Services

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