| | node Island Fee: \$50.00 |
|---|--|
| | ecretary of State |
| | iver Street |
| | II 02904-2615 |
| | 22-3040 |
| 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. <u>001661473</u> | |
| 2. Exact Name of the Limited Liability Company MS Home Improvements, LLC | |
| 3. State of Formation | |
| State: <u>RI</u> | |
| NAICS CODE | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | |
| <u>238390</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | |
| CARPENTRY AND REMODELING | |
| 5. Principal Office Address | |
| No. and Street: <u>14 SADLER ST</u> | |
| City or Town: <u>NORTH PROVIDENCE</u> | State: <u>RI</u> Zip: <u>02911</u> Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: JOSE GOMES Contact Title: | |
| No. and Street:14 SADLER STCity or Town:NORTH PROVIDENCE | State: <u>RI</u> Zip: <u>02911</u> Country: <u>USA</u> |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | |
| CARLOS AGUIAR 210 BROAD ST STE 1 CUMBERLAND , RI 02864 | |
| | |

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

Signed this 20 Day of March, 2025 at 6:00:32 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 JOSE GOMES

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved