

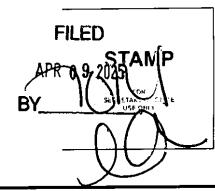
## State of Rhode Island Department of State - Business Services Division

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.



1. Entity ID Number 001681362	2. Exact name of the Limited Liability Company A TEAM CONTRACTING, LLC			
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island CONSTRUCTION ADDITIONS AND REMODELING OF RESIDENTIAL AND COMMERCIAL BUILDINGS, AND OTHERWISE ENGAGING IN ANY LAWFUL BUSINESS			
6. Principal Office Address 2071 PLAINFIELD PIKE		City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited L	iability Company and Name or Ti	tle of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Contact Name FRANK ANDRADE		Contact Title PRESIDENT		
Street Address 176 BATES TRAIL		City WEST GREENWIC	State RI	<sup>Zip</sup> 02817
8. The Resident Agent informa	tion currently of record with the R	I Department of State is accurate. C	hanges require	e filing Form 642.
	declare and affirm that I have dements contained herein are true	examined this report, including ar	y accompany	ring schedules and
Name of Authorized Person FRANK ANDRADE			Date 4/07/2025	
Signature of Authorized Perso			- <del>1.</del>	

MAIL TO:

Division of Business Services

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

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