

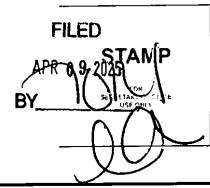
## State of Rhode Island Department of State - Business Services Division

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 Li	ability Company and Name or Title	e of Contact Person	· <del>-</del>	
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 informat	ion currently of record with the RI	Department of State is accurate. C	1. hanges require	filing Form 642.
		camined this report, including an	у ассотрапу	ing schedules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Person			Date	
FRANK ANDRADE			4/07/2025	
Signature of Authorized Person				

MAIL TO:

Division of Business Services

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

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