

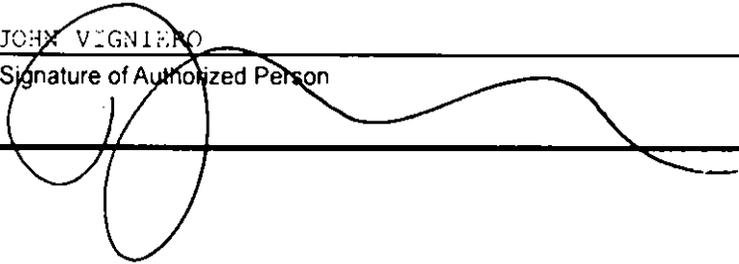


State of Rhode Island
Department of State - Business Services Division

FILED STAMP
 APR 21 2025
 BY 10061

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 001712255 | | 2. Exact name of the Limited Liability Company VIG FAMILY, LLC | |
| 3. NAICS Code 238990 | | 4. Brief description of the character of business conducted in Rhode Island WATER DAMAGE RESTORATION | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 1108 PARK AVENUE | | City CRANSTON | State RI |
| | | Zip 02910 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name JOHN VIGNIERO | | Contact Title MEMBER | |
| Street Address 1108 PARK AVENUE | | City CRANSTON | State RI |
| | | Zip 02910 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | |
| <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 JOHN VIGNIERO | | Date 03/14/25 | |
| Signature of Authorized Person  | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov