



State of Rhode Island

Department of State - Business Services Division

FILED

MAY 09 2025

BY

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>001685586                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br>BUFFALO BUILDERS, LLC                                                                                             |             |
| 3. NAICS Code<br>236118                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br>CONSTRUCTION AND REMODELING HOUSING AND ALL LAWFUL<br>ACTIVITIES WITHIN THIS CHAPTER |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |  |                                                                                                                                                                     |             |
| 6. Principal Office Address<br>175 PROVIDENT PLACE                                                                                                                                                   |  | City<br>COVENTRY                                                                                                                                                    | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>02816                                                                                                                                                        |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |  |                                                                                                                                                                     |             |
| Contact Name<br>NICHOLAS PETRARCA                                                                                                                                                                    |  | Contact Title<br>MEMBER                                                                                                                                             |             |
| Street Address<br>175 PROVIDENT PLACE                                                                                                                                                                |  | City<br>COVENTRY                                                                                                                                                    | State<br>RI |
|                                                                                                                                                                                                      |  | Zip<br>02816                                                                                                                                                        |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |  |                                                                                                                                                                     |             |
| 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. |  |                                                                                                                                                                     |             |
| Name of Authorized Person<br>NICHOLAS PETRARCA                                                                                                                                                       |  | Date<br>4/2/25                                                                                                                                                      |             |
| Signature of Authorized Person<br>                                                                                                                                                                   |  |                                                                                                                                                                     |             |