

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

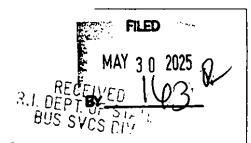
Annual Report for the year: **Limited Liability Company**

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001669423	GROSSMUELLER AND SONS, LLC			
3. NAICS Code 812990	4. Brief description of the character of business conducted in Rhode Island HOME FURNISHING INSTALLATIONS WINDOW TREATMENTS			
5. State of Formation RHODE ISLAND				•
6. Principal Office Address		City	State	Zip
26 BROOK DR		HOPE VALLEY	RI	02832
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person	L	1
Contact Name EDWARD LOWE		Contact Title OWNER		
Street Address PO BOX 353		City WYOMING	State RI	^{Zip} 02898
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642.
	, I declare and affirm that I have ntements contained herein are t		g any accompany	ring schedules and
Name of Authorized Person EDWARD LOWE			Date 25MAY 2025	
Signature of Authorized Pers		025		

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MAIL TO:

BUS SVCS DIV **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 []A[]]

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