



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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><u>001717792</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>R.Y.P.e.c. LLC</u>                                               |                    |
| 3. NAICS Code<br><u>236118</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Home Restoration and Renovation</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                                       |                    |
| 6. Principal Office Address<br><u>1031 Plainfield St. #21</u>                                                                                                                                           |  | City<br><u>Johnston</u>                                                                                               | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02919</u>                                                                                                   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                       |                    |
| Contact Name<br><u>Richard Frarelli</u>                                                                                                                                                                 |  | Contact Title                                                                                                         |                    |
| Street Address<br><u>1031 Plainfield St #21</u>                                                                                                                                                         |  | City<br><u>Johnston</u>                                                                                               | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02919</u>                                                                                                   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                       |                    |
| 9. 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><u>Richard Frarelli</u>                                                                                                                                                    |  | Date<br><u>6/5/25</u>                                                                                                 |                    |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                    |  |                                                                                                                       |                    |

MAIL TO:  
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