

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

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	2. Exact name of the Limited Liability Company			
001689196	Quality Poving LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
228990	paring contractor Diseways 1 parting lots.			
5. State of Formation	Commercial Industrial Residential Seal contras			
(I)	Commercial Ind	astrial Resident	lial /	Seal contres
6. Principal Office Address		City	State '	Zip
35 fisher st		North Praider	RI	02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Vyan Booth		Owner Member Manager  City State Jzip  North Pronidance RT 02911		
Street Address 35 Fisher St		North Providence	State 21	Jzip 02911
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			Date 7/2	/25
Signature of Authorized Person				

**FILED** 

JUL 02 2025

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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