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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001766138	RAP contracting LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
23p 320	Interior/Exterior paliting/wall coverings					
5. State of Formation	The first to the first to the fings					
CT						
6. Principal Office Address		City	State	Zip		
6 Rock st		Norwich	CT	06360		
7. Mailing Address of Limited Lia	ibility Company and Name or Title	of Contact Person				
Contact Name Cont		Contact Title	Contact Title			
Rufael A. Conzglez		Owner				
Street Address		City	State	Zip		
6 ROCK St.		Norwich	<u> </u>	06368		
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	^		
hatael A. Conzelez			7.	9.2025		
Signature of Authorized Person	1 1 1					
B charl u	4. Mayel					
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MAIL TO:

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

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

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