RI SOS Filing Number: 202576972790 Date: 7/14/2025 4:00:00 PM

| State of Rhode Island Department of State - Business Services [ | Division |
|---|----------|
| 2025  | •        |

Annual Report for the year: 2025 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

t filed by May 2/175 Hill

| 1. Entity ID Number<br>001672524 | 2. Exact name of the Limited Liability Company  MARK ANTHONY HOMES LLC                             |                                     |                |                      |  |
|----------------------------------|--|-------------------------------------|----------------|----------------------|--|
| 3. NAICS Code<br>236118          | 4. Brief description of the character of business conducted in Rhode Island RESIDENTIAL REMODELING |                                     |                |                      |  |
| 5. State of Formation            |  |                                     |                |                      |  |
| 6. Principal Office Address      | <del></del>  | City                                | State          | Zip                  |  |
| 159 BATES TRAIL                  |  | WEST GREENWICH                      | RI             | 02817                |  |
| 7. Mailing Address of Limite     | ed Liability Company and Name or Title   | of Contact Person                   | <u> </u>       |                      |  |
| Contact Name MARK A IACONO       |  | Contact Title MEMBER                |                |                      |  |
| Street Address 159 BATE          | S TRAIL  | City WEST GREENWICH                 | State<br>RI    | <sup>Zip</sup> 02817 |  |
| 8. The Resident Agent info       | rmation currently of record with the RI I  | Department of State is accurate. Cl | hanges require | e filing Form 642.   |  |
|                                  | ry, I declare and affirm that I have ex<br>tatements contained herein are true                     |                                     | у ассотрапу    | ing schedules and    |  |
| Name of Authorized Person        | n  |                                     | Date           |                      |  |
| MARK A IACONO                    |  |                                     | 7/3/2025       |                      |  |

MAIL TO:

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

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