

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				
001186961	Oran State Builder Syrices LC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236 118	Residential Constuction				
5. State of Formation					
RI	General Contracting				
6. Principal Office Address		City	State Zip		
1 12 0.00		11/2 < 2 / 1	10-102857		
L OS CAMON	UNY	L MU. SCHMIZ	100007		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name / Contact Title /					
Thomas Rubitodille		Acut / Pos	det		
Street Address 23 CAUM UNIV		NO Scikate	State Zip 02852		
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 Pomon					
	romas Robitai	ille	7/15/25		
Signature of Authorized Person					
I /	1/1/4/1/				

FILED

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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