

State of Rhode Island Department of State - Business Services Division

2023 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 3:

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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|--|---------------------|----------------------|
| 001335061 | GENESIS BUILDING & REMODELING LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 236118 | RESIDENTIAL BUILDING AND REMODELING | | | |
| 5. State of Formation | | | | |
| Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 151 NORTH STREET | | WARWICK | RI | 02886 |
| 7. Mailing Address of Limited | Liability Company and Name or | Title of Contact Person | • | |
| Contact Name JULIO ALCANTARA | | Contact Title ACCOUNTANT | | |
| Street Address 801 PARK AVE | | CITY CRANSTON | State RI | ^{Zip} 02910 |
| 8. The Resident Agent inform | ation currently of record with the | RI Department of State is accura | ite. Changes requir | e filing Form 642. |
| 9. Under penalty of perjury, statements, and that all sta | I declare and affirm that I have tements contained herein are t | examined this report, including rue and correct. | ng any accompany | ring schedules and |
| Name of Authorized Person | | | Date | |
| MATTHEW DECOSTA | | | (11) | 125 |
| Signature of Authorized Person | on | | | |
| () | | | | |

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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