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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2022

→ 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. Entily ID Number | 2. Exact name of the Limi | 2. Exact name of the Limited Liability Company | | | | |
|--|--|--|----------------------|---------------------------------------|--|--|
| 001668435 | MAP Installed B | MAP Installed Building Products of Sagamore, LLC | | | | |
| 3. NAICS Code 238310 | | Brief description of the character of business conducted in Rhode Island Sale and installation of building products. | | | | |
| 5. State of Formation Delaware | | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 495 S High Street, Suite 50 | | Columbus | ОН | 43215 | | |
| 7. Mailing Address of Limite | d Liability Company and Name | or Title of Contact Person | | · · · · · · · · · · · · · · · · · · · | | |
| Contact Name Pamela A. Henson | | Contact Title Assistant Secretary | | | | |
| Street Address 495 S High Street, Suite 50 | | City Columbus | State OH | ^{Zip} 43215 | | |
| 8. The Resident Agent infor | mation currently of record with the | he RI Department of State is accur | ate. Changes require | filing Form 642. | | |
| | y, I declare and affirm that I ha tatements contained herein ar | ave examined this report, includ to true and correct. | ing any accompanyi | ing schedules and | | |
| Name of Authorized Person | | | Date | | | |
| Pamela A. Henson | | | 7/18/2025 | | | |
| Signature of Authorized Per | 1. Henon | | | | | |

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BY 6ECZ4

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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