



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001716062

**2. Exact Name of the Limited Liability Company** IMPERIAL SOLUTIONS PROVIDER LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531311

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO ENGAGE IN THE DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY OBTAIN  
LOANS  
WITH RESPECT TO AND ALSO TO OWN OPERATE LEASE MANAGE AND FINANCE  
REAL  
PROPERTY AND OTHER RELATED AND UNRELATED BUSINESS OPPORTUNITIES TO  
INCLUDE  
BUT NOT LIMITED TO CONSULTING VENDOR MANAGEMENT AND CONSTRUCTION  
OR OTHER  
PROJECT MANAGEMENT RELATED ACTIVITIES

**5. Principal Office Address**

No. and Street: 8 UXBRIDGE ROAD  
P.O. BOX 444

City or Town: MENDON

State: MA

Zip: 01758

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 8 UXBRIDGE ROAD

City or Town: P.O. BOX 444  
MENDON State: MA Zip: 01756 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	KEVIN P. MEEHAN	8 UXBRIDGE ROAD MENDON, MA 01758 USA
MANAGER	AARON MAYNARD	8 UXBRIDGE ROAD MENDON, MA 01756 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 20 Day of October, 2021 at 9:23:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KEVIN P. MEEHAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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