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→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year:	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000842267	WO Construction Group LLC						
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
541310	Residential and Commercial Construction and Remodeling						
5. State of Formation					_		
Rhode Island			<u> </u>				
6. Principal Office Address			City	State	Zip		
5 LOW LANE			BRISTOL	KI	02809		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name GREG WILLIAMS			Contact Title MEMBER				
Street Address 2nd Avenue Apr 5			City Son Francisco	State	Zip 94118 07		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	r Name Manager Na			nager Name 手 台前云			
Street Address			Street Address 2				
City	State	Zip	City	State	Zip PH TOS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Check the box to indicate an attachment							
Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I deci statements, and that all statem			nined this report, including any and correct.	accompanying s	chedules and		
Name of Authorized Person Date							
GREG WILLIAMS)				1 2 23	2618		
Signature of Authorized Person							
	FILED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 12 2018 KL 306398 12:15