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FORMATION REQ				
LOW INSTRUCTIONS (from NAME & PHONE OF CONTACT [Opt		CCT#		
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RETURN TO: [Name and Address				
J. BARRETT REP 221 KILVERT STF WARWICK, RI 02	REET			
L		THE ABO	VE SPACE IS FOR FILING OFFIC	E USE ONLY
EBTOR NAME to be searched - in	isert only one debtor name (1a or 1b) - do no	o abbreviate or combine names		
1a. ORGANIZATION'S NAME	STRUCTION CO., LLC.			
1b. INDIVIDUAL'S LAST NAME	5110011014 00.; EE0.	FIRST NAME	MIDDLE NAME	SUFFIX
reported records.	ESPONSE WITHOUT COPIES — Filing	g office requested to furnish a searc	h report listing all reported records, but to fur	nish NO COPIES of
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