



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 88497		2. Exact name of the limited liability company J.M. GOMES CONTRACTING, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTOR	
5. Principal office address 3 Hidden Valley Lane		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN M. GOMES		Contact Title MANAGER	
Street Address 3 Hidden Valley Lane		City Lincoln	State RI
		Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name JOHN M. GOMES		Manager Name	
Street Address 3 Hidden Valley Lane		Street Address	
City Lincoln	State RI	City	State
Zip 02865		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARK S. KRIEGER, ESQ.		Address	
Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	Zip 02865

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

John M. Gomes 10-22-07
Signature of Authorized Person Date

JOHN M. GOMES, MANAGER

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 25 2007
By:	By 2407
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