



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 140404		2. Exact name of the limited liability company WINGREN CONSTRUCTION AND RESTORATION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island General contracting, construction, building restoration, improvements			
5. Principal office address 434 North Quidnessett Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Pamela Wingren		Contact Title Manager			
Street Address 434 North Quidnessett Road		City North Kingstown	State RI	Zip 02852	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Pamela Wingren		Manager Name John Wingren			
Street Address 434 North Quidnessett Road		Street Address 434 North Quidnessett Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 29 2012

By *MMS*

CA #92497

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Pamela Wingren 11-18-12
 Signature of Authorized Person Date

PAMELA J. Wingren
 Print or Type Name of Authorized Person