

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.	2. Exact nan	ne of the limited liab	oility company				
792741	S	· S Car	istruction Solu	hons L	<b>.C</b> ,		
3. State of Formation	4. Brief desc	cription of the chara-	cter of business conducted in Rhode Isla	nd			
R.T.		onstruct	·				
5. Principal office addres	r St.		Cumberland	R.T.	01864		
	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:			
Scott Strom			Contact Title	Contact Title			
Street Address Joo High St.		Cumberland	State R.J.	D2864			
7. LIST <u>ALL</u> MANAGER	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP	LICABLE DO N	OT LIST MEMBERS		
("X" BOX FOR ATTAC	CHMENT)			oli ili en	a diamento de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos		
Manager Name Sc	me as a	above	Manager Name				
Street Address			Street Address	Street Address			
Dity	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip <b>Z</b> ip <b>H</b>		
RESIDENT AGENT IN	RHODE ISLAND						
his information is curr	ently of record in the	Office of the Secr	etary of State. Changes require filing	Form 642.	<u> </u>		
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		By 17	18 <b>25</b> 2014 1 - 20795	_			
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			Under penalty of perjury, I	declare and affirm	n that I have examined		

File Date				
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Form No. 632 Revised: 01/2012 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.

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Signature of Authorized Person

Scott Strow

Print or Type Name of Authorized Person