

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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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.

4 Castley ID May	1						
1. Entity ID No.	2. Exact nan	ne of the limited liab	oility company				
12423		.E. LI	HLES Go.	LLC			
State of Formation	4. Brief desc	ription of the chara	cter of business conducted in Rt	node Island			
RI	Ni	EW HOY	ME CONSTR	UCTION			
5. Principal office addres	POINT F	RD	BARRING	BARRINGTON State			
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME ORATITLE OF CONTAC	T PERSON SERVICE	West Table	<i>UU</i> 6	
Contact Name			Contact Title	Contact Title			
NEIL LIT	Lo		MOMBET	MEMBER			
	POINT RY		BARRINGT	7) W State	^{Zip} 022	ich	
7. LIST ALL MANAGER	RS (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	(EARPLICABLES DO	VOTATSTAL	Macae	
	CHMENT) P						
Manager Name			Manager Name	The second secon			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name			20	
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Street Address			Street Address				
City	State	Zip	City	State	Zip	8 1	
FRESIDENT AGENT IN	 						
		041					
THE MICHAELON IS CON	enny or record to the	Unice of the Seci	retary of State. Changes requi	re filing Form 642.			

FILED

AUG 18 2014

BY Ca 2305D8

File Date

Check No. 1988

By:

FOR SEGRETARY OF STATE USE ONLY.

Print or Type Name of Authorized Person

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.

Signature of Authorited Pareon

Data

Form No. 632 Revised: 01/2012