



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 2014

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.<br><u>789512</u>                                                                                                                                     |                    | 2. Exact name of the limited liability company<br><u>RODRIGUEZ INVESTMENTS LLC</u>                 |                     |                     |     |
| 3. State of Formation<br><u>R.I.</u>                                                                                                                                  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>CONSTRUCTION</u> |                     |                     |     |
| 5. Principal office address<br><u>55 LOWELL AVE</u>                                                                                                                   |                    | City<br><u>PROV.</u>                                                                               | State<br><u>R-I</u> | Zip<br><u>02909</u> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |                    |                                                                                                    |                     |                     |     |
| Contact Name<br><u>AMARY PEREZ</u>                                                                                                                                    |                    | Contact Title                                                                                      |                     |                     |     |
| Street Address<br><u>41 PETTYS AVE</u>                                                                                                                                |                    | City<br><u>PROV.</u>                                                                               | State<br><u>RI</u>  | Zip<br><u>02909</u> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>(“X” BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                                                                                                    |                     |                     |     |
| Manager Name<br><u>Hector Rodriguez</u>                                                                                                                               |                    | Manager Name                                                                                       |                     |                     |     |
| Street Address<br><u>55 LOWELL AVE</u>                                                                                                                                |                    | Street Address                                                                                     |                     |                     |     |
| City<br><u>PROV.</u>                                                                                                                                                  | State<br><u>RI</u> | Zip<br><u>02909</u>                                                                                | City                | State               | Zip |
| 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.                                                     |                    |                                                                                                    |                     |                     |     |

RECEIVED  
2014 OCT 20 AM 10:20  
SECRETARY OF STATE  
CORPORATIONS DIV

FILED

OCT 20 2014

BY HL 234581

10.20

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.

Hector Rodriguez 10/20/14  
Signature of Authorized Person Date

HECTOR RODRIGUEZ  
Print or Type Name of Authorized Person

|                                 |
|---------------------------------|
| File Date                       |
| Check No                        |
| By:                             |
| FOR SECRETARY OF STATE USE ONLY |