



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. <u>000798481</u>		2. Exact name of the limited liability company <u>Reynoso's Construction LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Remodeling</u>			
5. Principal office address <u>82 Appleton St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Beatriz Audet</u>		Contact Title <u>Owner/Manager</u>			
Street Address <u>198 Trout Brook Lane X</u>		City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>Beatriz Audet</u>		Manager Name			
Street Address <u>198 Trout Brook Lane</u>		Street Address			
City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</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.					

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By 236813

A.A.

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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.

Beatriz Audet 11/18/14
Signature of Authorized Person Date

BEATRIZ M AUDET
Print or Type Name of Authorized Person