



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

|   |       |   |             |              |     |
|---|-------|---|-------------|--------------|-----|
| 1. ID No.<br>120232   |       | 2. Exact name of the limited liability company<br>JoShCo Wrecking, LLC  |             |              |     |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Demolition and wrecking services |             |              |     |
| 5. Principal office address<br>1080 Main Street   |       | City<br>Pawtucket   | State<br>RI | Zip<br>02860 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |             |              |     |
| Contact Name<br>Stephen J. Shechtman  |       | Contact Title<br>Attorney   |             |              |     |
| Street Address<br>1080 Main Street  |       | City<br>Pawtucket   | State<br>RI | Zip<br>02860 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |             |              |     |
| Manager Name<br>None  |       | Manager Name  |             |              |     |
| Street Address  |       | Street Address  |             |              |     |
| City  | State | Zip   | 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 of Form 642 - R.I.G.L. 7-16-11  |       |   |             |              |     |

**FILED**

NOV 25 2014

*32107*

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

120232

|                                 |
|---------------------------------|
| 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.

*John A. Souto* 10/29/14  
Signature of Authorized Person Date

John A. Souto  
Print or Type Name of Authorized Person