

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: Sentember 1 - November 1 - This report must be trained as a first sentember 1 - This report must be trained as a firs

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.

Entity ID No. 2. Exact name of the limited liability company							
	820048	A	DELL	CONSTRUC	tous	11c	
	3. State of Formation	4. Brief description		usiness conducted in Rhode Island		· · · · · · · · · · · · · · · · · · ·	
	RI			revetion			
			·	CRANSTONI	State RI	Zip 029/	ر ان
		TED LIABILITY CO	MPANY AND NAME (OR TITLE OF CONTACT PERSON	ling of the state of	e Partin La de Alberta de La composição	racinte d
1	SAMES LACERA			Contact Title PS-PS I dent			
		Table 1 Total Control of the Control				, . –	
	/. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED ("X" BOX FOR ATTACHMENT) [☐			D LIABILITY COMPANY, IF APPLI	CABLE - <u>DO NO</u> 1	LIST MEMBE	R S
	Manager Name			Manager Name			
	treet Address			Street Address	- <u></u>		
	City	State	Zip	City	State	Zip	
	Manager Name			Manager Name	112.7		
	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
	8, RESIDENT AGENT IN RHODE		project Edward Care				
ĺ	This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
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MAR 2 5 2015						55 E	
Under penalty of perjury-I declare and affirm that have axim							Z S
	File Date			this report including any accompanying schedules and Statements, and that all etatements contained herein are true and correct. Signature of Authorized Person Date JAMES LACEICH			
2000	Check No.						
	By:	ide ONIV					
	FOR SECRETARY OF STATE U	ISE UNLY \$		Print or Type Name of Authoriz		-CrCM	
20		LE activitation accompanies		Time of The Transfer Television	Ca / 6/30//		
-	torm No. 622						

Form No. 632 Revised: 01/2012