



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>00835494</u>		2. Exact name of the limited liability company <u>SALAZAR CONSTRUCTION COMPANY - LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION AND REMODELING</u>	
5. Principal office address <u>23 Sisson Street</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Fior SALAZAR</u>		Contact Title <u>MANAGER 401 688-5093</u>	
Street Address <u>23 Sisson Street Apt # 1</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Fior Salazar</u>		Manager Name	
Street Address <u>23 Sisson Street Apt # 1</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			

FILED ^c

MAY 05 2015

BY Ch 248308

2015 MAY -5 PM 1:18
SECRETARY OF STATE
CORPORATIONS DIV

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.

X [Signature]
Signature of Authorized Person

Fior SALAZAR
Print or Type Name of Authorized Person

05/05/15
Date