

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

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.	2. Exact name of	the limited liability com	pany				· · · · ·]
140956 Rober Excauption LLC							
3. State of Formation	4. Brief description	n of the character of bu	siness conducted in	Rhode Island			
Shall Island Exauction and Earth Romoval Services							
5. Principal office address AKION	al Rd	•	City	den	State 1	Zip	F92
8. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME (CT PERSON	itti.ida		
Contact Nation / Rock			Contact tile				
Street Address) ak a	nd Rd	/	City W. Lings	sten	State Z	Zip Oo	1992
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMENT		SES) OF THE LIMITED	LIABILITY COMPA			LIST ME	MBERS
Manager Name / Lobir			Manager Name				
Street Address California Rd			Street Address				
W. Kimson	R7	Zib 2152	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				95 95
City	State	Zip	City		State	Zip 🔀	50.
8. RESIDENT AGENT IN RHODE	ISLAND						Do.
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							
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						51	<=;
FILED C							
MAY 0 6 2015							
BY_CN_248406							
2:55 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 berein are true and correct. Check No.							
By:			Signature of Auth	orized,Person	The state of the s	19	Date
FOR SECRETARY OF STATE L	Print or Type Name of Authorized Person						
Form No. 632							

Revised: 01/2012