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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 2015

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 company		
789512	RODRIGUEZ INVESTMENTS LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
R.I	CONTRUCTION		
5. Principal office address	City	State	Zip
55 LOWELL AVE	PROV	R.I	02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
AMAURY PEREZ			
Street Address	City	State	Zip
41 PETTEYS AV	PROV	R.I	02909
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name	Manager Name		
Hector Rodriguez			
Street Address	Street Address		
55 LOWELL AVE			
City / State / Zip	City / State / Zip		
PROV / RI / 02909			
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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CORPORATIONS DIV

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By
A.A.

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.

Hector R. 9/10/15
Signature of Authorized Person Date

HECTOR W RODRIGUEZ
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012