

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

Filling 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. 1008495		Exact name of the limited liability company Sheehan Building Company LLC				
3. State of Formation	1	Brief description of the character of business conducted in Rhode Island				
RI	Building	Building Contractor/Construction Management				
5. Principal office address 61 Elm Drive			City North Kingstown	State Ri	Zip 02852	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Paul Sheehan			Contact Title Owner/Pres.	* *·····		
Street Address 61 Elm Drive			City North Kingstown	State RI	Zip 02852	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF AF	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	ntly of record in th	e Office of the Sec	retary of State. Changes require filin	g Form 642.		
8. RESIDENT AGENT IN R This information is currer		e Office of the Sec	retary of State. Changes require filin	g Form 642.		

FILED

SEP 1 4 2015

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BY\ <u>\ </u>			
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	and that all statements contained herein are true and correct.		
By:	Signature of Authorized Person Date		
•	Paul Sheehan		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012