

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. 504909		ne of the limited liabilit onstruction, LLC				
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Construction - Commercial painting					
5. Principal office address 54 Armond Way			City Hope	State RI	Zip 02831	
6. MAILING ADDRESS OF L	IMITED LIABILI	Y COMPANY AND N	AME OF TITLE OF CONTAC	T PERSON:		
Contact Name Milton E. Kalashian			Contact Title Sole Member			
Street Address 54 Armond Way			City Hope	State RI	Zip 02831	
7. IST ALL MANAGERS (A		RESSES) OF THE LI	MITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>Do</u>	Nortest Members	
Manager Name Milton E. Kalashian			Manager Name			
Street Address 54 Armond Way			Street Address			
City Hope	State RI	Zip 02831	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	2ip	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is currenti	y of record in the	e Office of the Secret	ary of State. Changes requ	ire filing Form 642.		
					• 171	

FILED

NOV 09 2015 By 260713 H.A. 11:55 A.M

File Date	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.		
Greck No.	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USEONLY	Milton E. Kalashjan Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012