RI SOS Filing Number: 201587629080 Date: 11/09/2015 11:52 AM

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 2012

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
504909	**Rapid Construction, LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Construction - Commercial painting**

5. Principal office address	City	State	Zip
54 Armond Way	**Hope**	**RI**	**02831**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Milton E. Kalashian	**Sole Member**		
Street Address	**City**	**State**	**Zip**
54 Armond Way	**Hope**	**RI**	**02831**

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
Milton E. Kalashian	
Street Address	Street Address
54 Armond Way	
City / State / Zip	City / State / Zip
Hope / RI / 02831	
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.

2015 NOV -9 AM 11:49 SECRETARY OF STATE

FILED
NOV 09 2015
By 260713
A.A. 11:52 A.M.

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.

11-6-15
Signature of Authorized Person — Date

Milton E. Kalashian
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
127578-5-1079650