



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. <u>1022119</u>		2. Exact name of the limited liability company <u>LUIS & SON CONSTRUCTION LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REBILDE ROSE & CONST</u>			
5. Principal office address <u>316 BAILEY BOULEVARD</u>		City <u>PROV</u>		State <u>RI</u>	Zip <u>02905</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>JOSE CRUZ</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>37 AMERICA ST</u>		City <u>CRAWSTON</u>		State <u>RI</u>	Zip <u>02920</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☐					
Manager Name <u>JOSE CRUZ</u>		Manager Name			
Street Address <u>37 AMERICA ST</u>		Street Address			
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
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.					

FILED

DEC 23 2015

By

2104030
A.A.

DEC 23 PM 3:00

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.

Signature of Authorized Person

Print or Type Name of Authorized Person

Date

12-23-15

JOSE A CRUZ