

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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 na	me of the limited lia	bility company				
146421			mond, PE,	ساس			
3. State of Formation	4. Brief des	cription of the chara	acter of business conducted in	Rhode Island			
RI	Civ	il Engir	leering	Through Island			
5. Principal office address	heru Rd		City	stown State	^{Zip} 62852		
Contact Name	3건축진(M1) = 1 급성위법(A COMPANY AND	NAME OR THE OF CONT	ACT PERSONS	30032		
Gany	? Lamo	مط	Contact Title Owner				
Street Address	hon R	ارا	City No. Kinc	State	Zip 62852		
**("X" BOX FOR ATIA	ACHMENT)			ML ICARPLICABLE: DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	<u></u>			
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8 RESIDENT AGENTIN	VRHODE ISLAND						
Inis information is curi	rently of record in the	Office of the Secr	etary of State. Changes requ	Jire filing Form 642.			
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	The second second	Company and an array	E SECTION AND ASSESSMENT	

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct,

16 Date

Print or Type Name of Authorized Person