

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 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.

Rhode Island Construction project management and any other lawful 5. Principal office address 511 Cooper Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Robert J. Mandeville Street Address 511 Cooper Road 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Robert J. Mandeville Street Address 511 Cooper Road City Chepachet Manager Name Robert J. Mandeville Street Address	1. Entity ID No.	2. Exact name of	2. Exact name of the limited liability company			
Rhode Island Construction project management and any other lawful First place address Size Ri O2814 Chepachet Ri O2814 Chepachet Ri O2814 Contact Name Robert J. Mandeville Street Address Size Ri O2814 Contact Title manager City Chepachet Ri O2814 City Chepachet Ri O2814 City Chepachet State Ri O2814 City Chepachet State Ri O2814 City Chepachet State Ri State Ri State Ri State Ri O2814 City Chepachet State Ri State Ri State Ri State Ri State Street Address	123085	RJM MA	NAGEMENT, LI	.C		
Street Address	3. State of Formation	4. Brief descripti	Brief description of the character of business conducted in Rhode Island			
Street Address Chepachet RI O2814 Chepachet RI O2814 Contact Name Robert J. Mandeville Street Address 511 Cooper Road City City Chepachet RI O2814 Chepachet City Chepachet City Chepachet Street Address City State Zip Manager Name Street Address City State Zip	Rhode Island	Constr busine	uction proje ss related t	ect management and a hereto.	ny other la	wful
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Contact Title manager Street Address 511 Cooper Road City Chepachet RI 02814 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Robert J. Mandeville Street Address 511 Cooper Road City Chepachet State RI Zip 02814 City Chepachet State Street Address	511 Cooper Road			Chepachet	RI	02814
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Street Address 511 Cooper Road City Chepachet RI 02814 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Robert J. Mandeville Street Address 511 Cooper Road City Chepachet State RI Zip O2814 City Chepachet State Street Address Street Address Street Address Street Address Street Address City Chepachet State Street Address Street Address City State Zip City State Zip State Zip B. RESIDENT AGENT IN RHODE ISLAND	Contact Name			the state of the s		
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7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Robert J. Mandeville Street Address 511 Cooper Road City Chepachet Manager Name Manager Name Manager Name Street Address Street Address Street Address City Chepachet Manager Name Manager Name Manager Name Manager Name Manager Name Street Address City State Zip Manager Name Street Address Street Address	Street Address			City	State	Zip
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Chepachet RI 02814 Manager Name Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND	511 Cooper 1	Road				
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City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name		
B. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address		
	City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes regulre filing Form 642.	B. RESIDENT AGENT IN RH	ODE ISLAND				
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FILED

File Date	Inder 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.
Ву:	Signature of Authorized Person Pate Robert J. Mandeville
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012