

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

Filling 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. 000163998	2 Exact na Americo	2. Exact name of the limited liability company Americo Construction LLC				
3. State of Formation Rhode Island	4. Brief des General	4. Brief description of the character of business conducted in Rhode Island General Contracting, Construction, Carpentry				
5. Principal office address 32 Gould St Apt 2			City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Americo Ventura			Contact Title President			
Street Address 32 Gould St Apt 2			City Newport	State RI	Zip 02840	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME		PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Americo Ventura			Manager Name	Manager Name		
Street Address 32 Gould St			Street Address	Street Address		
City Newport	State RI	Zip 02840	City	State	Zip	
Manager Name	<u> </u>		Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	DE ISLAND	I			<u> </u>	
This information is currently		e Office of the Secret	ary of State. Changes require	e filing Form 642.		

FILED 07 MAY 1 2 2016

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.		
Check No	Signature of Authorized Person	05/10/2016	
3y:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Americo Ventura		
OR SECRETART OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012