



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 10 PM 1:19

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
00835494		Salazar Construction Company, LLC.			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		Construction And Remodeling			
5. Principal Office Address		City	State	Zip	
34 Metcalf St		Providence	RI	02704	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Flor Salazar		Manager			
Street Address		City	State	Zip	
34 Metcalf St		Providence	RI	02704	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Flor Salazar					
Street Address		Street Address			
34 Metcalf St					
City	State	Zip	City	State	Zip
Providence	RI	02704			
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
Flor Salazar				06/10/16	
Signature of Authorized Person				SIGN DOCUMENT HERE	

FILED

JUN 10 2016

BY CR 276416

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