

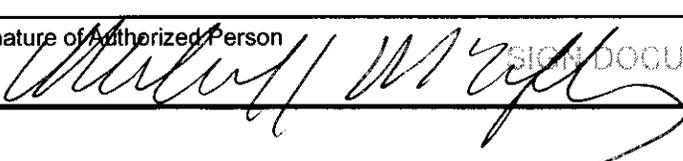


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL -8 PM 2:06

| | | | | | |
|---|-----------------|--|----------------------------|-----------------------------|---------------------|
| 1. Entity ID Number 104384 | | 2. Exact name of the Limited Liability Company BALCH BUILDERS, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island BUILDERS AND CONTRACTORS | | | |
| 5. Principal Office Address 332 SOUTH ROAD | | | City WAKEFIELD | State RI | Zip 02879 |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name SAMUEL BALCH | | | Contact Title OWNER | | |
| Street Address 332 SOUTH ROAD | | | City WAKEFIELD | State RI | Zip 02879 |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name SAMUEL BALCH | | | Manager Name | | |
| Street Address 332 SOUTH ROAD | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person MICHAEL J. MCCAFFREY | | | | Date JULY 8, 2016 | |
| Signature of Authorized Person  | | | SIGN DOCUMENT HERE | | |

FILED

JUL 08 2016 2:08

By ll 278592

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov