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

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Annual Report for the year: 2016
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
150327	PROVIDENCE BUILDERS LLC
3. State of Formation	**4. Brief description of the character of business conducted in Rhode Island**
~~AA~~ RI	CONSTRUCTION MANAGER

5. Principal Office Address	City	State	Zip
660 MAIN STREET	WOBURN	MA	01801

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ROBERT TIERNEY	GENERAL SUPER		
Street Address	**City**	**State**	**Zip**
660 MAIN STREET	WOBURN	MA	01801

7. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
Robert Tierney	7/21/2016

Signature of Authorized Person
Robert Tierney SIGN DOCUMENT HERE

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JUL 21 2016 1:49
By C 11085826

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
140103-2-1134985

FORM 632 - Revised: 05/2016