

ANDERVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP 14 AM 11: 27

Annual Report for the year: 20/6
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				
C//:70	1				
866//8	ITTH SIMONE CONSTRUCTION LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
23	CARPERTERWORLT				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zip
190 CAPUANO HUE			Cranston	RI	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Firthank C Simont DV			Contact Title OWNER		
Street Address / CANO AVE			City	State	Zip 02920
8. 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					
9. Resident Agent in Rhode Island. This information is currently of record with 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 / /					
FIRSTHONN CSIMONE JV. 9/14/16					
Signature of Authorized Person					
Markony Sensore Sign DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 1 4 2016

FORM 632 - Revised: 08/2016