Annual Report for the year: 2016 Limited Liability Company					SECRET CORPO
→ Filing period: September 1 - November 1					カ 多数の カ 2300
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					
71 charty. Additional \$25.50 fee in form is not med by December 1.					
1. Entity ID Number	2. Exact name of the Limited Liability Company				TE VE
792539	HRGENERAL CONTYACTOR ICC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
	GENERAL CONTYUCION				
5. State of Formation \mathcal{R}, \mathcal{T}	JENG		General Construction		
6. Principal Office Address			City	State	Zip
55 LOWELL AVE			PROVI dewCE	R.I	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name HCCTON RULYISUEZ			Contact Title Owner		
Street Address LUWELL AVE			City PYOV	State T	Zip 02409
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MAWUEL TURRES			Manager Name		
Street Address 110 D6 VOL ST.			Street Address		
City prov.	State パト	zip 02408	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attac					cate 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.					
				Date /	/ -
HECTOR RUDVISUEZ				9/16/	16
Signature of Authorized Person					

State of Rhode Island and Providence Plantations

MAIL TO:

Division of Business Services

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

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

Department of State - Business Services Division

By \$ 283708

FILED

SEP 16 2016