	State of Rhode Island and Pro Office of the Secret		itions Fee: \$50
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
imited Liability Co	mpany		
Annual Report	1 November 1		
	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time prese		
6-66(b&c)) is subject to a			,
ANNUAL REPORT YEAF	R: <u>2016</u>		
1. ID No. <u>0013384</u> 2	33		
2. Exact Name of the L	-imited Liability Company $\underline{ZMHC}$	onstruction LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	S codes, please select the code that I	best describes your	business.
Using the following NAIC		pest describes your	business.
NAICS Code	S codes, please select the code that I		<u>6</u> <u>23</u>
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ZACARIAS HERNANDEZ 42 HIGH ST CUMBERLAND, RI 02864

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 21 Day of September, 2016 at 9:36:31 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By ZACARIAS HERNANDEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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