

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2016 **Limited Liability Company**

FOR SECRETARY OF STATE USE ONLY

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	I_ = .				·
1. Entity ID Number 1052334	2. Exact name of the Limited Liability Company JTHOMAS CONSTRUCTION, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT, CONSTRUCTION, PROJECT MANAGEMENT AND ALL OTHER LAWFUL PURPOSES.				
23 - Construction					
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
697 MOONSTONE BEACH ROAD			WAKEFIELD	RI	02879
7. Mailing Address of Limited Lia		and Name or Title	***		
Contact Name JOHN T. D'AGOSTINO, JR.			Contact Title MEMBER		
Street Address 697 MOONSTONE BEACH ROAD			City WAKEFIELD	State RI	^{Zip} 02879
8. List ALL managers (names ar	nd addresses) of	the Limited Liabi	lity Company, IF APPLICAB	LE - DO NOT LIST I	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
		<u></u>		Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Isjan	d. This information	is currently of reco	ord with the Department of State	e. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all statem	lare and affirm tents\contained	that I have exam herein are true	ined this report, including and correct.	any accompanyin	g schedules and
Name of Authorized Person	1			Date /	7
JOHN T. D'AGOSTINO, JR	9/19/16				16
Signature of Authorized Person	SIGN DOCUMENT HERE				
	y				

MAIL TO:

Division of Business Services

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

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

SEP 2 1 2016