

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| Limited | Liability | Company |
|---------|-----------|---------|
| Annual | Report | |

Filing Period: September 1 - November 1

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|--|------------------|-------------------|---------------------|--|
| In accordance with R.I.G.L. 7-16-66(d), each limited liability to file its annual report within thirty (30) days after the time places 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR: 2016 | | | | |
| 1. ID No. <u>000543175</u> | | | | |
| 2. Exact Name of the Limited Liability Company $\begin{cal}C\end{cal}$ $\begin{cal}LLC\end{cal}$ | SALVATOR | RE EXCAVAT | ING SERVICES | |
| 3. State of Formation | | | | |
| State: RI | | | | |
| ARTICLE III | | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | | |
| NAICS Code | | 6 | <u>23</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
| EXCAVATING SERVICES | | | | |
| 5. Principal Office Address | | | | |
| No. and Street: 27 HIGHWOOD TERRACE City or Town: CRANSTON | State: <u>RI</u> | Zip: <u>02920</u> | Country: <u>USA</u> | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: Contact Title: No. and Street: 27 HIGHWOOD TERRACE City or Town: CRANSTON | State: <u>RI</u> | Zip: <u>02920</u> | Country: <u>USA</u> | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CYNTHIA NADOLNY</u> <u>27 HIGHWOOD TERRACE</u> <u>CRANSTON</u>, <u>RI</u> <u>02920</u>

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

Signed this 26 Day of September, 2016 at 10:20:09 AM 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 <u>CYNTHIA NADOLNY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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