

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 2016 **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<br>314343  | Exact name of the Limited Liability Company     EVERGREEN BUILDING SYSTEMS, LLC   |                 |                    |                      |              |  |  |
|--|---|-----------------|--------------------|----------------------|--------------|--|--|
| 3. NAICS Code<br>23 - Construction   | Brief description of the character of business conducted in Rhode Island     CONSTRUCTION MANAGEMENT, DESIGN AND BUILDING |                 |                    |                      |              |  |  |
| 5. State of Formation CONNECTICUT  |   |                 |                    |                      |              |  |  |
| 6. Principal Office Address P.O. Box 848   |   |                 | City<br>STONINGTON | State<br>CT          | Zip<br>06378 |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                 |                    |                      |              |  |  |
| Contact Name TIMOTHY P. O'NEILL  |   | Contact Title   |                    |                      |              |  |  |
| Street Address 11 GRAND STREET   |   | City STONINGTON | State CT           | <sup>Zip</sup> 06378 |              |  |  |
| 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 ,   |   |                 |                    |                      |              |  |  |
| TIMOTHY P. O'NEILL   |   |                 |                    |                      | 10           |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |                 |                    |                      |              |  |  |

MAIL TO:

**Division of Business Services** 

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