## State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 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 2. Exact name of the Limited Liability Company 100 943992 3. NAICS Code 4. Brief description of the character of business 100 Struction 100 Broad Struction City To Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company and Name or Title of Contact Period T. Mailing Address of Limited Liability Company Address of Limited Liability Company Address of Limited Liability Company Addre

5. State of Formation	lonstruc	iption of the chara	acter of business conducted	in Rhode Island	
6. Principal Office Address			City	State	Zip
596 Broad 87			Prov	£./.	02907
7. Mailing Address of Limited Lia		and Name or Titl	le of Contact Person	<del></del>	
Contact Name / King			Contact Title NONE/C		
Street Address 596 Broad St			City ROU	State	Zip 02907
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 ir	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informati	on is currently of re	cord with the Department of Star	te. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all statem				g any accompanying	g schedules and
Name of Authorized Person Date / /					
Carl Ling 10/14/16					/le <b>d</b>
Signature of Authorized Person					
SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

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

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

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By 286149 50RM 632 - Revised: 08/2016