



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED 10/24/16
R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION
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| | | | | | |
|--|-------|--|----------------|-------------------------|---------------------|
| 1. Entity ID Number <u>1061502</u> | | 2. Exact name of the Limited Liability Company <u>Swilenroc Construction LLC</u> | | | |
| 3. NAICS Code <u>23</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Carpentry, Remodeling and Building</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>39 Parkway Ave #1</u> | | City <u>Providence</u> | | State <u>R.I.</u> | Zip <u>02908</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Sharon Cornelius</u> | | | Contact Title | | |
| Street Address <u>39 Parkway Ave #1</u> | | City <u>Providence</u> | | State <u>R.I.</u> | Zip <u>02908</u> |
| 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 <input type="checkbox"/> | | | | | |
| 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 <u>SHARON Cornelius</u> | | | | Date <u>10.24.16</u> | |
| Signature of Authorized Person <u>Sharon Cornelius</u> | | | | | |

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

OCT 24 2016

By 2810091
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