

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 7016
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.

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R.I.	DEPT. OF STAT	E
F	rijs syda DIV	

2016 OCT 25 AM 9: 31

1. Entity ID Number	2 Evact name of	the Limited Lic	hility Company				
154482	2. Exact name of the Limited Liability Company B.F. Long T. Cooper T. Coope						
	13.6 10	pez_	Construction		<u> </u>		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation	Contri	n c7.10 V	Demoition Roofing Siding				
RX	シャルズ	70/7	or Remodering Carpentry				
6. Principal Office Address			City	State	Zip		
9 Bailey St			Cranston	RA	02920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Contact Name Loge 2			Contact Title				
Street Address 9 13 q. le 1 5-			Cranston	State R7	Zip 0 2920		
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 Z	qi	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State Z	jp	City	State	Zip		
	·		Chec	ck the box to indi	cate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
	lare and affirm tha	t I have exam	ined this report, including any a				
Name of Authorized Person Date							
Em ty			25-2016				
Signature of Authorized Person							
Eduando polez							

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 M28680/