

R.I. DEPTHED STATE					
2016 OCT 25 P	2:12				

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	2. Exact name of the Limited Liability Company						
484754	Kevin McGuire Plastering, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pub	To provide plastering and drywall services						
5. State of Formation RI							
6. Principal Office Address			City	State	Zip		
7 Oak Leaf Trail			Wyoming	RI	02898		
7. Mailing Address of Limited Lia	bility Compan	y and Name or	Title of Contact Person		•		
Contact Name Kevin McGuire	ntact Name Kevin McGuire Contact Title Author			ized Person			
Street Address 7 Oak Leaf Trail			City Wyoming	State RI	^{Zip} 02898		
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 A			Street Address	Ireet 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 in	ndicate an attachment		
9. Resident Agent in Rhode Islan	d. This informa	ition is currently of	f record with the Department of St	tate. Changes require filin	g Form 642.		
Under penalty of perjury, I deci statements, and that all statem				ng any accompanying	g schedules and		
Name of Authorized Person				Date			
Kevin McGuire			10.0	10.30.16			
Signature of Authorized Person		SIGN D	OCUMENT 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**

OCT 25 2016

ву 286865

FORM 632 - Revised: 08/2016