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.

1. Entity ID Number		2. Exact name of the Limited Liability Company					
3. State of Formation		SPECIALTY TRADES CONTRACTING LLC 4. Brief description of the character of business conducted in Rhode Island					
NY		FIREPROOFING					
5. Principal Office Address 3 CONTORINO WAY BLDG 2			City CHESTER	State NY	Zip 10918		
6. Mailing Address of Limited	d Liability Compa	any and Name o	r Title of Contact Person				
Contact Name MIKE ADAMS				Contact Title MANAGING MEMBER			
Street Address 3 LONTOBINO WAY BILG 2			City	State N Y	Zip 10918		
7. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Na ¹			Manager Name				
Street Addre		Street Address	Street Address				
City	S'	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
8. Resident Agent in Rhode	Island. This infor	nation is currently	of record in the Department of State.	· · · · · · · · · · · · · · · · · · ·			
	l declare and af	firm that I have	examined this report, including				
Name of Authorized Person				Date			
RONNA SMATH				10/18/16			
Signature of Authorized Per		757	*				

FILED 02 0CT 2 4 2016 BY______5001

MAIL TO:

Division of Business Services

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

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