		Plantations Fee: \$50
s s	tate of Rhode Island and Providence Office of the Secretary of Stat	
	Division Of Business Services 148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability Com	ipany	
Annual Report iling Period: September 1	- November 1	
		or rofusing
	7-16-66(d), each limited liability company failing (in thirty (30) days after the time prescribed by law	
l6-66(b&c)) is subject to a	penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2016</u>	
1. ID No. <u>000566592</u>	2	
2. Exact Name of the Li	mited Liability Company <u>VAILLANCOURT</u>	CONSTRUCTION LLC
3. State of Formation		
State: <u>RI</u>		
State: <u>RI</u>		
State: <u>RI</u>	ARTICLE III	
	ARTICLE III	es your business.
		es your business.
Using the following NAICS	codes, please select the code that best describe	<u>6</u> <u>23</u>
Using the following NAICS		<u>6</u> <u>23</u>
Using the following NAICS	codes, please select the code that best describe	<u>6</u> <u>23</u>
Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REM	codes, please select the code that best describe	<u>6</u> <u>23</u>
Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REM	Codes, please select the code that best describe	<u>6</u> <u>23</u>
Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REMO 5. Principal Office Addre No. and Street: 31 S	codes, please select the code that best describe re Character of the Business Which is Actually ODELING ss SIMMONS STREET	<u>6</u> <u>23</u> Conducted in Rhode Island
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Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REMO 5. Principal Office Addre No. and Street: 31 S City or Town: NEV 6. Mailing Address of Lin	Codes, please select the code that best describe The Character of the Business Which is Actually ODELING SS SIMMONS STREET WPORT State: RI Zip mited Liability Company and Name or Title of	<u>6</u> <u>23</u> Conducted in Rhode Island : <u>02840</u> Country: <u>USA</u>
Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REMO 5. Principal Office Addre No. and Street: <u>31 S</u> City or Town: <u>NEX</u> 6. Mailing Address of Lin Contact Name: Contact	Codes, please select the code that best describe The Character of the Business Which is Actually ODELING TSS SIMMONS STREET WPORT State: RI Zip mited Liability Company and Name or Title of Title:	<u>6</u> <u>23</u> Conducted in Rhode Island : <u>02840</u> Country: <u>USA</u>
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Using the following NAICS NAICS Code 4. Brief Description of th BUILDING AND REMO 5. Principal Office Addre No. and Street: 31 S City or Town: NEV 6. Mailing Address of Lin Contact Name: Contact No. and Street: 31 S City or Town: NEV 7. Name and Address of	Codes, please select the code that best describe The Character of the Business Which is Actually ODELING SS SIMMONS STREET WPORT State: RI Zip mited Liability Company and Name or Title of Title: IMMONS STREET /PORT State: RI Zip: Each Manager of the Limited Liability Company	6 23 / Conducted in Rhode Island : 02840 Country: USA Contact Person: 02840 Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PETER G. VAILLANCOURT <u>31 SIMMONS STREET</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of October, 2016 at 12:46:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PETER VAILLANCOURT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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