| State of Rhode Island | and Providence I | Plantations | | | | |
|--|---|--------------------|-------------------------------|---------------------|----------------------|--------|
| (Department of S | tate - Busin | ess Service: | s Division | | | |
| Mark 2 | | | | | 29.18 | 777 |
| | | | | | - | - |
| Annual Report for the y | ⁄еаг: ²⁰¹⁶ | | | | B | |
| Limited Liability Compa | any | | | | (D | |
| -> Filing period: September | - | 1 | | | a a said | |
| → Filing Fee: \$50.00 | | | | | ्व | 1 |
| → Penalty: Additional \$25.00 |) fee if form is n | ot fifed by Decem | nber 1. | _ | <u></u> | |
| | T | | | | | |
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
| 80531 | Superstructu | re Building, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 23 - Construction | General contractor for residential and commercial buildings | | | | | |
| 5. State of Formation | - | | | _ | | |
| RI | İ | | | | | |
| | <u></u> | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 381C Waites Corner Rd. | | | West Kingston | Ri | 02892 | |
| 7. Mailing Address of Limited Lia | bility Company a | and Name or Title | of Contact Person | | | |
| Contact Name Frederick D. Cind | rich | | Contact Title Member | | | |
| Street Address 381C Waites Corner Rd. | | | City West Kingston | State RI | ^{Zip} 02892 | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liabil | ity Company, IF APPLICABLE | - DO NOT LIST N | 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 | |
| | | <u> </u> | | Charlette have to | | |
| 9. Resident Agent in Rhode Islan | d This information | ie guranth of so | ··· | Check the box to in | | cnment |
| Under penalty of perjury, I deci | lare and affirm i | that I have exami | ined this report, including a | | | nd |
| statements, and that all statem | ents contained | herein are true a | and correct. | la. Z | | |
| Name of Authorized Person Prederick D. Cindrich | | | | | 111 | |
| Frederick D. Cinanon | | | | | 1/6 | |
| Signature of Authorized Person | Sal | 6// | | 777 | | |
| | | | | | | |
| | / | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

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By FORM 632 - Revised: 08/2016