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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 nan	ne of the Limited	Liability Company			
88497		J.M. GOMES CONTRACTING, LLC				
3. NAICS Code  S  5. State of Formation  RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR				
6. Principal Office Address			City	State	Zip	
3 HIDDEN VALLEY LANE			LINCOLN	RI	02865	
7. Mailing Address of Limite		and Name or Ti	tle of Contact Person			
Contact Name JOHN M. GOMES		Contact Title MANAGER				
Street Address 3 HIDDEN VALLEY LANE		City LINCOLN	State RI	<sup>Zip</sup> 02865		
8. List ALL managers (name	es and addresses)	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name JOHN M. GOMES		Manager Name				
Street Address 3 HIDDEN VALLEY LANE		Street Address				
City LINCOLN	State RI	Zip <b>02865</b>	City	State	Zip	
Manager Name		Manager Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode I	Island. This informati	on is currently of re	ecord with the Department of St			
Under penalty of parjury, I statements, and that all sta	declare and affirm	that I have exa	mined this report, includi	ng any accompanyin	ng schedules and	
Name of Authorized Person		<u>,</u>	·-····································	Date		
JOHN M. GOMES, MANAGER			10-2	24-16		
Signature of Authorized Pers	on y Son	96800	CUMENTHERE			

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 31 2016