

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RANGE SERVICE

2016 1107 -3 611 10: 56

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                              |     |                |  |           |
|--|---|-----|----------------|--|-----------|
| 000794261  | River city Drywall 11c  |     |                |  |           |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |     |                |  |           |
| 23   | Day rall  |     |                |  |           |
| 5. State of Formation  | Drxwall   |     |                |  |           |
| RI   |   |     |                |  |           |
| 6. Principal Office Address  |   |     | City           | State                                  | Zip       |
| 807 Broad St Suite 314   |   |     | Providence     | Rt                                     | 02907     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |     |                |  |           |
| Contact Name  Contact Name  Cortact Address  Cortact  Cor |   |     | Contact Title  |  |           |
| Street Address 14 Stcla St   |   |     | Providence     | State                                  | Zip 02909 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |     |                |  |           |
| Manager Name Gerardo Cortes  |   |     | Manager Name   |  |           |
| Street Address   |   |     | Street Address |  |           |
| City   | State   | Zip | City           | State                                  | Zip       |
| Manager Name   |   |     | Manager Name   |  |           |
| Street Address   |   |     | Street Address |  |           |
| City   | State   | Žip | City           | State                                  | Zip       |
| Check the box to indicate an attachment  |   |     |                |  |           |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |   |     |                |  |           |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.   |   |     |                |  |           |
| Name of Authorized Person Date   |   |     |                |  |           |
| Gerardo  | <u> </u>  |     | 1 milit        | 16                                     |           |
| Signature of Authorized Person  June 4. 1997 A. 1997 A |   |     |                |  |           |
|  | <del></del>   |     |                | ······································ |           |

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MAIL TO:

Division of Business Services

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

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