



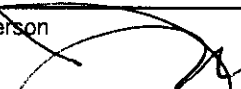
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2016 NOV 28 PM 3: 02

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 111731		2. Exact name of the Limited Liability Company J. ROBBINS CONSTRUCTION, LLC			
3. NAICS Code 23 - Construction		4. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 380 CAMP FULLER ROAD		City SOUTH KINGSTOWN		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JEFFREY D. ROBBINS			Contact Title		
Street Address 380 CAMP FULLER ROAD		City SOUTH KINGSTOWN		State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JEFFREY D. ROBBINS			Manager Name		
Street Address 380 CAMP FULLER ROAD			Street Address		
City SOUTH KINGSTOWN	State RI	Zip 02879	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 JEFFREY D. ROBBINS				Date 11-1-16	
Signature of Authorized Person  SIGN DOCUMENT HERE					

FILED

NOV 28 2016

BY 2513 A.A.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov