State of Rhode Island	and Provider	ice Plantations		_	
Department of S			s Division		
Annual Report for the year:					R.I. DEPT. O BUS SVC
→ Penalty: Additional \$25.0	0 fee if form	is not filed by Decer	mber 1.		AM DYD
1. Entity ID Number	2. Exact n	ame of the Limited Lia		• = #	
134711	1		ConsTRUCTION	LLC	0 E
3. NAICS Code	4. Brief de	scription of the chara	acter of business conducted in Rh	hode Island	
5. State of Formation R T					
6. Principal Office Address			City	State	Zip
49 EILEIN Ave			CRANSTON	RI	02920
7. Mailing Address of Limited Lia					
Contact Name Juseph Melillo			Contact Title President City Campron State PT O2920		
Street Address 49 Eilia Aue					
	ind addresses	s) of the Limited Liabi	oility Company, IF APPLICABLE -	- DO NOT LIST M	EMBERS
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
					dicate an attachment
9. Resident Agent in Rhode Isla					
Under penalty of perjury, I dec statements, and that all stater	clare and affi ments conta	irm that I have exam ined herein are true	mined this report, including an a and correct.	y accompanying	schedules and
Name of Authorized Person				Date	
		Melillo		/-2	2-6-12
Signature of Authorized Person		- 4			
<u>-</u>	~ 1	Milila			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov