	State of Rhode Island and Pro Office of the Secreta		PNS Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
	(401) 222-30		
HOPE	(+01) 222 30	10	
Limited Liability	/ Company		
Annual Report	mbord Novembord		
riling Period: Septer	mber 1 - November 1		
	R.I.G.L. 7-16-66(d), each limited liability com		
	ort within thirty (30) days after the time presc ct to a penalty fee of \$25.00.	ribed by law (R.I.G.L. 7	-
10-00(b&c)) is subje			
ANNUAL REPORT	<b>YEAR:</b> <u>2016</u>		
1. ID No. <u>000</u>	553918		
2. Exact Name of	the Limited Liability Company Mullen B	Builders LLC	
3. State of Forma	tion		
State: <u>RI</u>			
	ARTICLE III		
Using the following	NAICS codes, please select the code that b	est describes your bus	iness.
	NAICS codes, please select the code that b	est describes your bus	iness.
Using the following	NAICS codes, please select the code that b	best describes your bus	iness. <u>23</u>
NAICS Code		6	<u>23</u>
NAICS Code	NAICS codes, please select the code that b on of the Character of the Business Which	6	<u>23</u>
NAICS Code 4. Brief Descriptio	on of the Character of the Business Which	6	<u>23</u>
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NAICS Code         4. Brief Descriptio         START TO FINIS         5. Principal Office	on of the Character of the Business Which SH CONSTRUCTION Address 216 ASHAWAY ROAD	6	<u>23</u>
NAICS Code 4. Brief Descriptio START TO FINIS 5. Principal Office No. and Street: City or Town:	on of the Character of the Business Which SH CONSTRUCTION Address <u>216 ASHAWAY ROAD</u> <u>BRADFORD</u> State	n is Actually Conducte	23 ed in Rhode Island Country: <u>USA</u>
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NAICS Code         4. Brief Description         START TO FINIS         5. Principal Office         No. and Street:         City or Town:         6. Mailing Address:         Contact Name:	on of the Character of the Business Which SH CONSTRUCTION Address <u>216 ASHAWAY ROAD</u> <u>BRADFORD</u> State s of Limited Liability Company and Name <u>COTT MULLEN</u> Contact Title: <u>PRESIDEN</u>	is Actually Conducte :: <u>RI</u> Zip: <u>02808</u> e or Title of Contact P	23 ed in Rhode Island Country: <u>USA</u>
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NAICS Code         4. Brief Description         START TO FINIS         5. Principal Office         No. and Street:         City or Town:         6. Mailing Address:         Contact Name:         S. No. and Street:         City or Town:         7. Name and Address	on of the Character of the Business Which SH CONSTRUCTION Address 216 ASHAWAY ROAD BRADFORD State s of Limited Liability Company and Name COTT MULLEN Contact Title: PRESIDEN 216 ASHAWAY ROAD BRADFORD State ress of Each Manager of the Limited Liab	Image: RI       Zip: 02808         Image: Distribution of Contact Part Part Part Part Part Part Part Par	23 ed in Rhode Island Country: <u>USA</u> eerson: Country: <u>USA</u>
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## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SCOTT MULLEN 216 ASHAWAY ROAD BRADFORD, RI 02808

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 18 Day of January, 2017 at 5:01:04 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>SCOTT MULLEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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