



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 <u>119932</u>		2. Exact name of the Limited Liability Company <u>Charlestown Building Co., LLC</u>			
3. NAICS Code <u>23</u>		4. Brief description of the character of business conducted in Rhode Island <u>New construction - renovations</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>20 Pinchurst Dr</u>		City <u>Carolina</u>	State <u>RI</u>	Zip <u>02812</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Mancy M Smith</u>			Contact Title <u>President</u>		
Street Address			City	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>WILLARD J SMITH</u>			Manager Name		
Street Address <u>20 Pinchurst DR</u>			Street Address		
City <u>Carolina</u>	State <u>RI</u>	Zip <u>02812</u>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 <u>WILLARD J SMITH</u>				Date <u>1/3/17</u>	
Signature of Authorized Person <u>Willard J Smith</u>					

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

JAN 23 2017

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FORM 642 Revised: 08/2016