State of Rhode Island and Providence Plantations Office of the Secretary of StateDivision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040Limited Liability Company Anual ReportFiling Period: September 1 - November 1In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.	Fee: \$50.0
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
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16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2016	
1. ID No. 000488588	
2. Exact Name of the Limited Liability Company <u>MIKE EDGAR CONSTRUCTIO</u>	ON LLC
3. State of Formation	
State: <u>RI</u>	
Using the following NAICS codes, please select the code that best describes your busines	S.
NAICS Code 6	<u>23</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in	n Rhode Island
CARPENTRY AND REMODELING	
5. Principal Office Address	
No. and Street: 17 GREYLOCK AVE	
	ountry: USA
	<u> </u>
	<i>.</i>
City or Town: CRANSTON State: <u>RI</u> Zip: 02910 Company 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person	<i>.</i>
City or Town: CRANSTON State: RI Zip: 02910 Constraints 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name: MIKE EDGAR Contact Title: OWNER	<i>.</i>
City or Town: CRANSTON State: RI Zip: 02910 Comparison 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name: MIKE EDGAR Contact Title: OWNER No. and Street: 17 GREYLOCK AVE OWNER	<i>.</i>
City or Town: CRANSTON State: RI Zip: 02910 Comparison 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name: MIKE EDGAR Contact Title: OWNER No. and Street: 17 GREYLOCK AVE OWNER	on: ountry: <u>USA</u>
City or Town: CRANSTON State: RI Zip: 02910 Compared to the contact of the conta	on: ountry: <u>USA</u> able.
City or Town: CRANSTON State: RI Zip: 02910 Compare the contract of	on: ountry: <u>USA</u> able.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL T. EDGAR <u>17 GREYLOCK AVENUE</u> <u>CRANSTON</u>, <u>RI</u> <u>02910</u>

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

Signed this 13 Day of February, 2017 at 11:23:16 AM 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>MICHAEL T EDGAR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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