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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYONDIV

Annual Report for the year: _______

2017 APR 18 AM 10:55

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		2. Exact name of the Limited Liability Company					
951952	Rhady	Rebuilt	LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
23	Retail holdings and construction management and						
5. State of Formation	ingetian						
RI	,	<i>,</i>					
6. Principal Office Address			City		State	Zip	
263 Washington				grwilk	RI	02893	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jason Aragac			Contact Title				
Street Address 263 Washington	St		City West b	Var. W.C.	State £.1	Zip 00893	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
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	
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					Date		
Jasen Aragao				4/18/17			
Signature of Authorized Person							

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

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