

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/6
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
116399	1 M >	SM 1	MATERIAL	5			
3. NAICS Code 2	4. Brief description of the character of business conducted in Rhode Island						
92	SITE WORK						
5. State of Formation	1	_	\				
DT							
N +	L						
6. Principal Office Address			City	State	Zip		
1400 ELMWOUD AUR			CRAOUSTEM	R J	0)910		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JAM FS PEL BUOND			Contact Title OWNFR				
Street Address LHOO RLMWOOD UR AVR			City CKANSTON	State R	Zip 029/0		
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 dec statements, and that all staten	lare and affirm nents contained	that I have exam I herein are true	nined this report, including any and correct.	accompanying s	schedules and		
Name of Authorized Person Date							
JAMBS DRLBUOND 4-19-17							
Signature of Authorized Person							
James (x	of Sus	SIGN DO	GUMENT HERE				
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MAIL TO:

Division of Business Services

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

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

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