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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEF STATE

2017 MAY 25 PM 12: 26

Annual Report for the year: 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 Lia	ability Company			
1000230 New DAWN Landsonpoing and Construction						
100000	Herr	PAUL	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		WI WILLIAM U	
3. NAICS Code	4. Brief descrip	tion of the charac	cter of business conducted in Rh	nodeJisland		
81	11040	0	3 NOD			
5. State of Formation] UM	yd Su	apac			
RI			•			
6. Principal Office Address			City	State	Zip	
187 Cheveland Street			Phundence	PI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Eyivan Carrascoza			Contact Title			
Street Address 187 Cleveland St			Providence	State	Zip 02909	
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABLE -	DO NOT LIST N	IEMBERS	
Manager Name ExiVan Carrascoza			Manager Name			
Street Address 187 Cleveland St			Street Address			
Providence	State R I	Zip 02909	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>		C	neck the box to in	dicate an attachment	
9. Resident Agent in Rhode Islar	nd. This information	n is currently of reco				
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	that I have exam	nined this report, including an		· - · · · ·	
Name of Authorized Person				Date	Date	
Erivan Carro			05-25-17			
Signature of Authorized Person						
Lord Ward						

MAIL TO:

Division of Business Services

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

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

MAY 25 2017

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FORM 632 - Revised: 08/2016