RI SOS Filing Number: 201744760470 Date: 6/5/2017 10:59:00 AM

State   Stat	State of Rhode Island and Providence Plantations  Department of State - Business Services Division							
### State of Incorporation	Annual Report for the year: 2017. Amende R.I. DE STATE							
PFINITY Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by April 1.  1. Entity ID Number	Corboration ————————————————————————————————————							
State   City   State   City   State   City   State   City   City   State   City   Ci	→ Filing Fee: \$50.00 2017 JUH - 5 A → Penalty: Additional \$25.00 fee if form is not filed by April 1.							
State   City   State   City   State   City   State   City   City   State   City   Ci	1. Entity ID Number 2. Exact name of the Corporation SAD General Construction Inc.							
6. Shale description of the constraints of the corporation of the constraints of the corporation of the constraints of the corporation of the corp	3. Principal Office Address  27 Lotus	PL		City	ridence	State <	Zip	
Tresident Name    Check the box to indicate an attachment	4. NAICS Code  6. Brief description of the character of business conducted in Rhode Island  Construction							
Vice-President Name								
Street Address  A Loho s PL  Street Address  City State Zip City State Zip  Director Name  Director Name  Director Name  Street Address  City State Zip  City State Zip  Director Name  Street Address  City State Zip  City State Zip  City State Zip  Director Name  Street Address  City State Zip  City State Zip  Director Name  Street Address  City State Zip  City State Zip  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  On the Composition of State City State Zip  On the City State Zip  On								
State   Zip   State   Zip   City   State   Zip   City   State   Zip	Dulian Chalon				Vice-President Name			
State   Zip	Street Address 24 Lotos PL			Street Address	<b>5</b>			
Treasurer Name   Treasurer Name	City O	State	Zip 07.908	City		State	Zip	
Street Address  Street Address  Street Address  Check the box to indicate an attachment Director Name  Street Address  Street	Secretary Name			Treasurer Name				
Street Address  Street Address	Street Address			Street Address				
Director Name    Director Name	City	State	Zip	City	<del>.</del> "	State	Zip	
Street Address  Check the box to indicate an attachment   This information is currently of record in the  Department of State.  Changes require an additional filing.  Changes require an additional filing.  Changes require an additional filing.  This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee.  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.  Signature of Authorized Representative  Date  G15/17		dresses)	<del> </del>	. L		e box to ind	icate an attachment	
Director Name  Director Name  Street Address  Street Address  Director Name  Director Name  Street Address  Street Address  Director Name  Street Address  Director Name  Street Address  Director Name  Street Address  Director Name  Street Address  Street Address  Director Name  Street Address  Street Address  Director Name  Director Name  Street Address  Street Address  Check the box to indicate an attachment Director Name  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE    O D	Director Name	1						
Director Name    Director Name	Street Address			Street Address				
Street Address  Street Address  Street Address  Street Address  State  Zip  City  State  Zip  Check the box to indicate an attachment  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  Changes require an additional filing.  Chassisseries  Chassisseri	City	State	Zip	City	1.0010.	State	Zip	
Shares Authorized  Observed the box to indicate an attachment of State.  Changes require an additional filing.  10. Shares Issued  Check the box to indicate an attachment of State.  Changes require an additional filing.  Changes require an additional f	Director Name			Director Name				
2. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.  10. Shares Issued  Check the box to indicate an attachment of State.  CLASS/SERIES  PAR VALUE  / O D  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or rustee, this report must be executed on behalf of the corporation by the receiver or trustee.  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 Representative  Date  C	Street Address			Street Address				
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Name of Authorized Representative  Date 6/5//7  Signature of Authorized Representative	Under penalty of perjury, I declar	e and affirm that	I have examined	this report, i	ncluding any accomp	anying sch	edules and	
Signature of Authorized Representative			ein are true and	correct.		Date	<b>.</b>	
Signature of Authorized Representative	Dulian	Chaco.	$\sim$	,	en EN	6/5	1/17	
V \ / / LH/L-7			SIGN DOCU	88 S T 8 S T 1 1 2 T T T T T T T T T T T T T T T T				
JUN	MAIL TO:			<del></del>	JN 05 2017		***	

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY U 10:59

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 05, 2017 10:59 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

