s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	40	
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-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>001100207</u>			
2. Exact Name of the Limited Liability Company <u>JACOB ERECTING AND CONSTRUCTION</u> , <u>LLC</u>			
3. State of Formation			
State: <u>AK</u>			
ARTICLE III			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code		<u> 6 23</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CONSTRUCTION.			
5. Principal Office Address			
No. and Street: 1509 N.	MILITARY TRAIL, SUITE 200		
	PALM BEACH	State: <u>FL</u> Zip: <u>33409</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 1509 N. MILITARY TRAIL, SUITE 200			
City or Town: <u>WEST PALM BEACH</u> State: <u>FL</u> Zip: <u>33409</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

Signed this 25 Day of August, 2017 at 12:36:44 PM 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 JON-MICHAEL SANCHEZ, SPECIAL MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved