



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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2017 AUG 24 PM 3:19

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>797881</u>		2. Exact name of the limited liability company <u>Commercial Construction Professionals, LLC</u>					
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Carpentry</u>					
5. Principal office address <u>3 Chambly Avenue</u>				City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name <u>Ariel Aquino, Jr.</u>				Contact Title <u>owner/President</u>			
Street Address <u>3 Chambly Ave</u>				City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)							
Manager Name <u>Ariel A. Aquino, Jr.</u>				Manager Name			
Street Address <u>3 Chambly Ave</u>				Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>		City	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

FILED ✓
 AUG 24 2017 3:20
 BY AK 311081

File Date _____
 Check No _____
 By: _____

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.

Ariel Aquino 8-24-17
 Signature of Authorized Person Date

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person