

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 2019
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 Liability Company					
	1337434	D Construction					
	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	23	G	enera	Const	ructe	on	
	5. State of Formation	f Formation					
		<u></u>		<u> </u>	<u> </u>	1	
	Principal Office Address  1 Pumgansett St		City Prov.	State R. I	Zip 02908		
	7. Mailing Address of Librated Liability Company and Name or Title of Contact Person						
	Contact Name CO OZUNG			Contact Title C E O			
λ	treet Address Pom Gansett St			city Providence	State RT	Z102908	
	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					MBERS	
	fanager Name			Manager Name			
	Street Address			Street Address			
	City	State	Zip	City	State	Zip	
	Manager Name Street Address			Manager Name			
				Street Address			
	City	State	Zip	City	State	Zip	
	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 declare and affirm that I have examined this report, including any accompanying schedules and						
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ŀ	statements, and that all statements contained herein are true and correct.						
	Name of Authorized Person  Date  8/31/2017						
l	Signature of Authorized Person						
	$\Gamma Z$						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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BY CR 311486

72.114 FORM 632 - Revised: 08/2016