SI	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>001663370</u>			
2. Exact Name of the Limited Liability Company Wally Lewis LLC			
3. State of Formation			
State: CT			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>238900</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in Rho	ode Island
EXCAVATION CONTR	ACTOR		
5. Principal Office Addres	ŝS		
No. and Street:82 ANTHONY RDCity or Town:NORTH STONINGTONState: CTZip: 06359Country: USA			
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person:	
Contact Name: WALLY LEWIS Contact Title: LLC MEMBER No. and Street: P.O. BOX 1718 City or Town: PAWCATUCK State: CT Zip: 06379 Country: USA			
	<u>WCATUCK</u> State: <u>CT</u>		. <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	indo Countra
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	oue, country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WALLACE S. LEWIS 5 CLEO COURT WESTERLY, RI 02891

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

Signed this 13 Day of September, 2017 at 6:57:37 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 <u>MARK SILVIA CPA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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