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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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filling 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 FE

1. Entity ID No. 001296444	Unified Construction Group LLC				
3. State of Formation MA	4. Brief description of the character of business conducted in Rhode Island General Labor				
5. Principal office address 53 Cummings Park			City Woburn	State MA	Zip 01801
	IMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:	
Contact Name Diane Capra			Contact Title Office Manager		
Street Address 53 Cummings Park			City Woburn	State MA	Zip 01801
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name Jason Grieves			Manager Name		
Street Address 72 Perry Avenue			Street Address		
City Lynnfield	State MA	Zip 01940	City	State	Zip
Manager Name	•		Manager Name	4	· · · · · · · · · · · · · · · · · · ·
Street Address		· 	Street Address		· · · · ·
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RH	ODE ISLAND				
This Information is current	ly of record in th	e Office of the Secret	ary of State, Changes requir	e filing Form 642.	

FILED

SEP 1 4 2017

 $l_{N}o$

ByA	312450	
File Date	Under penalty of perjury, I declare and affirm that I have e this report, including any accompanying schedules and s and that all statements/contained herein are true and core	statements
Check No	09/13	/2017
Ву:		Date
FOR SECRETARY OF STATE USE ONLY	Jason Grieves Prinyor Type Name of Authorized Person	

Form No. 632 Revised: 01/2012