



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2017  
**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<br><b>570150</b>  |       | 2. Exact name of the Limited Liability Company<br><b>MOURA ENTERPRISES LLC</b>   |      |                        |                     |
| 3. NAICS Code<br><b>484110</b><br><b>423320</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Trucking + Sales of Bagged cement, SALT + SAND</b> |      |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |      |                        |                     |
| 6. Principal Office Address<br><b>956 County Rd</b>   |       | City<br><b>BARRINGTON</b>  |      | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |      |                        |                     |
| Contact Name<br><b>JAMES MOURA</b>  |       | Contact Title<br><b>OWNER</b>  |      |                        |                     |
| Street Address<br><b>956 County Rd PO Box 81</b>  |       | City<br><b>BARRINGTON</b>  |      | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |      |                        |                     |
| Manager Name  |       | Manager Name   |      |                        |                     |
| Street Address  |       | Street Address   |      |                        |                     |
| City  | State | Zip  | City | State                  | Zip                 |
| Manager Name  |       | Manager Name   |      |                        |                     |
| Street Address  |       | Street Address   |      |                        |                     |
| City  | State | Zip  | City | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |      |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |      |                        |                     |
| <b>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.</b> |       |  |      |                        |                     |
| Name of Authorized Person<br><b>JAMES F MOURA</b>   |       |  |      | Date<br><b>9-25-17</b> |                     |
| Signature of Authorized Person<br><i>James F Moura</i>  |       |  |      | SIGN DOCUMENT HERE     |                     |

## MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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SEP 28 2017

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