



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000788121

2. Exact Name of the Limited Liability Company SHORELINE BUILDING & DESIGN LLC

3. State of Formation

State: RI

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.

238350

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SHORELINE BUILDING & DESIGN IS A FULL SERVICE GENERAL CONTRACTING COMPANY FOR RESIDENTIAL AND COMMERCIAL PROPERTIES. WE FOCUS ON TAKING CUSTOMERS IDEAS AND MAKING THEM A REALITY. THE MAIN FOCUS OF THIS COMPANY IS REMODELING HOMES, BUT WE HANDLE ANY PROJECT A CUSTOMER MAY HAVE. WE HAVE ALSO BEEN PART OF MANY NON-PROFIT ACTIVITIES TO HELP THE LESS FORTUNATE WITH HOUSING AND EMERGENCY REPAIRS.

5. Principal Office Address

No. and Street: 11 JOY STREET
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MIKE FALLGREN Contact Title: OWNER
No. and Street: 184 HERITAGE DRIVE
City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL FALLGREN 11 JOY STREET BARRINGTON , RI 02806

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

Signed this 1 Day of October, 2017 at 11:42:59 AM 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 MICHAEL FALLGREN
Signature of Authorized Person

Form No. 632
Revised 09/07

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