RI SOS Filing Number: 201860308930 Date: 3/15/2018 12:10:00 PM

| State of Knode Island   | and Frovidence    | e Piantations  |                                      | _                |  |  |
|---|-------------------|--|--------------------------------------|------------------|--|--|
| Department of State - Business Services Division  |                   |  |                                      |                  | SEC<br>CC<br>2018                                  |  |
| 60122   | -                 | ١  |                                      |                  | <b>最</b> 66<br>ない <b>弱</b> 型                       |  |
| Annual Report for the year: 2016  |                   |  |                                      |                  | る。   |  |
| Limited Liability Company   |                   |  |                                      |                  | 5 <del>2</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |  |
| → Filing period: September 1 - November 1   |                   |  |                                      |                  | - C.C.   |  |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. |                   |  |                                      |                  |  |  |
| Penaity: Additional \$25.0  | iv tee it form is | not filed by Dece  | ember 1.                             | _                | 0 XI   |  |
| 1. Entity ID Number   | 2. Exact nan      | 2. Exact name of the Limited Liability Company                           |                                      |                  |  |  |
| 000788623   |                   | NONENSTON DISASTEN RESTORATION LLC                                       |                                      |                  |  |  |
| 3. NAICS Code   |                   | Brief description of the character of business conducted in Rhode Island |                                      |                  |  |  |
| 238990  | ISMICO            | BNIMHONEY SENVICES CONTRACTING   |                                      |                  |  |  |
| 5. State of Formation   | 7 (7.70)          | (FOR BUILDINGS)  |                                      |                  |  |  |
| RI  |                   |  | ( POR                                | Boicomia         | -/   |  |
| 6. Principal Office Address   |                   |  | City                                 | State            | Zip  |  |
| 256 PT JU   | BITH ROW          | KS   | NARRAGANSETT                         |                  | 07887  |  |
| 7. Mailing Address of Limited L   | iability Compan   | y and Name or Tr   | <del></del>                          |                  |  |  |
| CONTACT NAME TO STORY TO PRISCOC  |                   |  | Contact Title  NESIDINI              |                  |  |  |
| Street Address POUND HILL ROMD  |                   |  | City N. SMITARICLES                  | State            | Zip 02896  |  |
|   |                   |  | ability Company, IF APPLICABLE       |                  | MEMBERS  |  |
| Manager Name  |                   |  | Manager Name                         | -                |  |  |
| Street Address  |                   |  | Street Address                       |                  |  |  |
| Cit.  |                   |  |                                      |                  | <del></del>  |  |
| City  | State             | Zip  | City                                 | State            | Zıp  |  |
| Manager Name  |                   |  | Manager Name                         |                  |  |  |
| Street Address  |                   |  | Street Address                       |                  |  |  |
| City  | State             | Zip  | City                                 | State            | Zip  |  |
|   |                   | l . <u></u>  |                                      | Charletha hay ta | indicate on the character of                       |  |
| 9. Resident Agent in Rhode Is   | land. This inform | ation is currently of r  | record with the Department of State. |                  | indicate an attachment                             |  |
|   | eclare and affii  | m that I have ex   | amined this report, including        |                  |  |  |
| Name of Authorized Person   |                   |  | 22 2114 6011606                      | Date             | <del></del>  |  |
| CANISTONIA TODO PASCOST   |                   |  |                                      |                  |  |  |
| Signature of Authorized Perso   | 66/1              |  | 100                                  |                  |  |  |
|   | $\mathcal{L}$     |  |                                      |                  |  |  |
|   |                   | - ( )· · · · · ·   | 12:10                                | FILE             | D  |  |
| MAIL TO:  |                   |  | <i>'</i> \                           |                  |  |  |
| MAIL 10:<br>Division of Business Service  | 5                 |  |                                      | MAR 15           | £018   |  |
| 148 W. River Street, Providence   |                   | 02904-2615   | R                                    |                  | 326567   |  |
| Phone: (401) 222-3040<br>Website: www.sos.ri.gov  |                   |  | •                                    | · 4/             | 26/  |  |
| _   |                   |  |                                      |                  |  |  |