State of Rhode island a Department of St			ces Division	_	
Annual Report for the y	ear: <u>20 /</u>	17			22
Limited Liability Company					SECRE? CORPO
→ Filing period: September 1 - November 1 → Filing Fee: \$50,00					ORF ORF
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					7 Pm 20 Pm 2
					15 AAR
1. Entity ID Number	2. Exact name of the Limited Liability Company				9 00X
1662535	BATZ CONSTRUCTION 1/00				
3. NAICS Code	4. Brief des	cription of the chi	aracter of business condu		<u> </u>
236115	COXTTRUCTION, CARDENTRY				
5. State of Formation		•		TUN 112 1	1
RI	<u> </u>				
6. Principal Office Address			City	State	Zip
176 HAROLD COT			7220	2-1	02908
7. Mailing Address of Limited Lis	<u> </u>	inv and Name or			0-100
Contact Name Contact Title					
EUGEN10	13 PF	2	MENBEL	<u> </u>	
Symet Address 176 HAROLD 47			TROVI	State -	_ Zb
8. List ALL managers (names a		r) of the Limited I		104015 00 11071107	02901
Manager Name	10 804 6336	s) or the Chilleto I	Manager Name	LICABLE - DO NOT LIST	MEMBERS
Street Address			Street Address		
				_	
City	State	Zip	City	State	Zip
Manager Name	<u> </u>	<del> </del>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Charle than barries	Jadicah or on the total
9. Resident Agent in Rhode Isla	and This info	mation is coment.	of money with the Decartage		Indicate an attachment
Under penalty of perjury, I de	clare and a	firm that I have	exemined this report, in		
statements, and that all state Name of Authorized Person	ments cont	ained herein ere	true and correct.	Date 1	<del>-</del>
& EUGENIO BATZ					5/10
Signature of Authorized Person			·	1 - 11	2/10
V The same	> _				
XXX			<del> </del>	-n #0	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040

Website: www.sos.ri.gov

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