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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
STAIMP
2018 JUN 1 1 AM 10: 57

→ 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	2. Exact name of the Limited Liability Company				
000795891	I Amm Construction UC.				
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation Company					
5. State of Formation WY(S) WC) (W)					
L ly.					
6. Principal Office Address			City	State	Zip
93 DOVER 8t			phoudence	K7	02408
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name andry Sandh			Contact Title Managing Member		
Street Address 33 DOVIN S			city movidence	State []	202408
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name (Mdy Sandla N			Manager Name		
Street Address 72 NOTIVA ST			Street Address		
cy Vabridence	State NJ	Zip 1)90%	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
C⋅ty	State	Zıp	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person					
/ / ANORY Sanche? 6/11/18					
Signature of Authorized Person 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 FILED

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