SECRETARY OF STATE CORPORATIONS ON 10: 58

- → 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	13 Event seme	a f Alban I ia I i i a	hilb. Common and		···.
	2. Exact name of the Limited Liability Company				
104088	Little.	CSTEK	Contreply and 1	E Y corolin	LLC
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
237110	Londscaping, white stoss, mulabing, senter, water, relactic lines,				
5 State of Formation					
RI	house Foundations.				
6. Principal Office Address			City	State	Zıp
414 mitchell's Love			MiDDIE tome	RI	U3860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Michael Kosinski Street Address			Owner		
414 Mitchell's loome			City Mipp lebons	State	2ip 0 >84 >-
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	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Date					
Mignel Loughsie				110/8	18
Signature of Authorized Person					
	-	 ;			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILE

11:09

JUN 2 1 2818

BX 333/92