State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

→ 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 001661771		2. Exact name of the Limited Liability Company Living Outdoors, LLC			
3. NAICS Code		of the character of business conducted	in Rhode Island		
236115		ruction & Remodeling			
5. State of Formation					
Rhode Island					
6. Principal Office Address	8	City	State	Zip	
10 Town Dock Rd - PO Box 455		Charlestown	RI	02813	
7. Mailing Address of Limi	ited Liability Company and N	lame or Title of Contact Person			
Centact Name C & C Investments, Inc.		Contact Title Owner	Contact Title Owner		
Street Address PO Box 45	5	City Charlestown	State RI	^{Zjp} 02813	
8. List ALL managers (na	mes and addresses) of the l	Limited Liability Company, IF APPLICAL	BLE - DO NOT LIST M	MEMBERS	
Manager Name		Manager Name	Manager Name		
Street Address	,	Street Address	Street Address		
City	State Zip	City	State	Zip	
Manager Name		Manager Namo			
itreat Address		Street Address	Street Address		
City	State Zip	City	State	Zip	
	<u></u>	<u> </u>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rho	de Island. This information is c	urrently of record with the Department of Sta	ate. Changes require fills	ng Form 842. *** ***	
	y, I declare and affirm that statements contained her	I have examined this report, including ein are true and correct.	ng a ny accompanyin /	g schedules and	
Name of Authorized Pers	on .		/ Date		
Cynthia H. Curtis		/	7/	9/18	
Signature of Authorized P				7	
ChunThia	J. Bus	Tis "			
		7			

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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FORM 632 - Revised: 10/2017