

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 30 AM 9: 46

Annual Report for the year: 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.

	L 5 (2 15 1)	,				
	1. Entity ID Number	2. Exact name of the Limited Liability Company VRV + 8005 Con Struction. UC				
	3. NAICS Code 3. State of Formation	4. Brief descrip	otion of the charac	Construction All Phases		
4	PI	Of Landscaping				
	Principal Office Address 1400 CVANSTON STVEET			City	State	Zip 02920
1	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
	Contact Name VINCEN VOIDE			Cantact Title President		
	Street Address CVANSTON STYPET			1 city Cvanston	State	zip 02970
	B. 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
ļ	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.					
	Jame of Authorized Person Date 8 30 2018					
4	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 FILED

AUG 3 0 2018

A.A. 9:49 A.M.