



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000916171

**2. Exact Name of the Limited Liability Company** SEESE CONSTRUCTION AND  
MANAGEMENT LLC

**3. State of Formation**

State: IN

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236220

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PREPARE LOCATIONS FOR PROPANE TANK INSTALLATION. WE INSTALL BOLLARDS,  
CUT TRENCH, AND LAY CONDUIT. PROPANE PROVIDER SUPPLIES THE EQUIPMENT  
AND  
LOCAL ELECTRICIAN INSTALLS DEDICATED CIRCUIT, MAKES CONNECTIONS, AND  
LANDS IN THE PANEL.

**5. Principal Office Address**

No. and Street: 35 WEST MAIN STREET  
P.O. BOX 122

City or Town: MONROVIA State: IN Zip: 46157 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 35 WEST MAIN STREET  
P.O. BOX 122

City or Town: MONROVIA State: IN Zip: 46157 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	SCOTT PIERCE	812 E. COUNTY ROAD 2005 CLAYTON, IN 00000 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 11 Day of September, 2018 at 10:33:37 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By BRETT WILSON  
Signature of Authorized Person

Form No. 632  
Revised 09/07