RI SOS Filing Number: 201877538850 Date: 9/17/2018 4:00:00 PM

<b>3</b>	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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Annual Report for the year:	2018
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.

4 Cath ID No. ale	15.5	*** ***						
1. Entity ID Number 2. Exact name of the Limited		d Liability Company						
1677643 Kirby Construction, Ltd.								
3. NAICS Code	. NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
Construction and all other la			lawful purposes					
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
South East Road			Block Island	RI	02807			
7. Mailing Address of Limited Lia	bility Compa	any and Name or	Title of Contact Person	•	•			
Contact Name Tom Kirby			Contact Title Managing Member					
Street Address PO Box 1351			City Block Island	State RI	Zip 02807 \			
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Namo			Manager Name					
Street Address			Street Address					
City	— -~— I	30	City	State	Zıp			
Manager Name			Manager Name					
Street Address			Street Address +					
City	State	Zip	City	State	Zip			
	1	<del> • • • • • • • • • • • • • • • • • </del>	<u> </u>	Check the box to it	ndicate an attachment			
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently of	f record with the Department of Sta	te. Changes require filin	g 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		<del></del>	·	Date	10/10			
Tom Kirby								
Signature of Authorized Person								
SIG/WINDHUMENT 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 SEP 1 3 2018

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FORM 632 - Revised: 08/2016