RI SOS Filing Number: 201877917600 Date: 9/21/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP 21 AM 10: 14

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.

|   | ī —  |              | <del> </del>           |                     | <u> </u>                       |
|---|--|--------------|------------------------|---------------------|--------------------------------|
| 1 Entity ID Number  | 2. Exact name of the Limited Liability Company                           |              |                        |                     |                                |
| 1102092   | Hard Kock Paving LLC.  |              |                        |                     |                                |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |              |                        |                     |                                |
| 238990  | Instaling asphalt driveway/Parking Lots                                  |              |                        |                     |                                |
| 5. State of Formation   | , ,  |              |                        |                     |                                |
| RI  | or repair  |              |                        |                     |                                |
| 6. Principal Office Address   |  |              | City                   | State               | Zıp                            |
| 290 E Greenwich Ave   |  |              | West War               | wick #              | 02893                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |              |                        |                     |                                |
| Contact Name Patience Stanley   |  |              | Contact little Part ne |                     |                                |
| Street Address E. Greenwich Are   |  |              | City West Warn         | sick State (1)      | Zip 02893                      |
| 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 ~ - 1  | States   | 7in <u>-</u> | City                   | State               | Zıp                            |
| Manager Name  |  | Manager Name | flanager Name          |                     |                                |
| Street Address  |  |              | Street Address         |                     |                                |
| City  | State  | Zip          | City                   | State               | Zip                            |
|   | <u></u>  | <u>.</u>     | l                      | Check the box to in | I<br>ndicate 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 Patienco Stanley Date 1/18  |  |              |                        |                     |                                |
| Signature of Authorized Person  |  |              |                        |                     |                                |
|   |  | 1            | \ <b>/</b>             |                     |                                |
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|   |  |              | <del></del> ·          |                     |                                |

MAIL TO:

**Division of Business Services** 

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

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BY Car 90239