

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 129401	2. Exact nav Hartford	2. Exact name of the limited liability company Hartford Site Construction, LLC				
3. State of Formation	4. Brief desi Asphalt.	cription of the charac	cter of business conducted in Rhod	le Island		
Rhode Island	ટ્રસ્	211015				
5. Principal office address 112-117 Old Pocasset Road			City Johnston	State RI	 Ζιρ 02 919	
6. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Carol G. Corsinetti			Contact Title Manager			
ireet Address 17 John Street			City Johnston	State RI	7Zip 02919	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	IS (NAMES AND ADD CHMENT)	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBER	
Manager Name S	ans wat	M	Manager Name		· ·	
Street Address	<u> </u>		Street Address			
City	State	Zip	City	State		
Manager Name	i		Manager Name	l	·	
Street Address			Street Address	·		
City	State		City	State	Zip	
8. RESIDENT AGENT IN				- 		
This information is curr	rently of record in the	e Office of the Secu	retary of State. Changes require	fillion Form 642		

FILED

SEP 2 1 2018

Ç	BY		
File Date	Under penalty of perjury, I declare and affirm that I have e this report, including any accompanying schedules and s and that all statements contained herein are true and corr	tatement	
Check No	_ larol II. Corrnette		
FOR SECRETARY OF STATE USE ONLY	FILE Darol G. Corsinetti Print or Type Name of Author zed Person	Date 	
Form No. 632	550 21 2718		

Form No. 632 Revised: 01/2012