	State of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		-
ANNUAL REPORT YEAR	: <u>2018</u>		
1. ID No. <u>00053289</u>	4		
2. Exact Name of the Li	imited Liability Company <u>BUILD</u>	GREEN LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	the entity. Download
531110			
<u>551110</u>			
	ne Character of the Business Which	is Actually Conducte	ed in Rhode Island
4. Brief Description of th	ne Character of the Business Which ERSHIP, DEVELOPMENT, & MA	-	ed in Rhode Island
4. Brief Description of th	ERSHIP, DEVELOPMENT, & MA	-	ed in Rhode Island
4. Brief Description of the second structure REAL ESTATE OWNE 5. Principal Office Address No. and Street: 460	ERSHIP, DEVELOPMENT, & MA	NAGEMENT	ed in Rhode Island Country: <u>USA</u>
4. Brief Description of the second structure REAL ESTATE OWNE 5. Principal Office Addres No. and Street: 460 City or Town: PRO	ERSHIP, DEVELOPMENT, & MA ess HARRIS AVE #104	<u>NAGEMENT</u> : <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u>
4. Brief Description of the REAL ESTATE OWNE 5. Principal Office Addres No. and Street: 460 City or Town: PRO 6. Mailing Address of Lite Contact Name: Contact No. and Street: 460	ERSHIP, DEVELOPMENT, & MA ess <u>HARRIS AVE #104</u> <u>DVIDENCE</u> State mited Liability Company and Name Title: <u>HARRIS AVE #104</u>	NAGEMENT : <u>RI</u> Zip: <u>02909</u> or Title of Contact P	Country: <u>USA</u>
4. Brief Description of the REAL ESTATE OWNE 5. Principal Office Addres No. and Street: 460 City or Town: PRO 6. Mailing Address of Lite Contact Name: Contact No. and Street: 460	ERSHIP, DEVELOPMENT, & MA ess HARRIS AVE #104 DVIDENCE State mited Liability Company and Name Title:	NAGEMENT : <u>RI</u> Zip: <u>02909</u> or Title of Contact P	Country: <u>USA</u>
4. Brief Description of the REAL ESTATE OWNE 5. Principal Office Addres No. and Street: 460 City or Town: PRO 6. Mailing Address of Lit Contact Name: Contact No. and Street: 460 PRO 6. Mailing Address of Lit Contact Name: Contact No. and Street: 460 City or Town: PRO	ERSHIP, DEVELOPMENT, & MA ess <u>HARRIS AVE #104</u> <u>DVIDENCE</u> State mited Liability Company and Name Title: <u>HARRIS AVE #104</u> <u>DVIDENCE</u> State f Each Manager of the Limited Liab	NAGEMENT : <u>RI</u> Zip: <u>02909</u> or Title of Contact P : <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
4. Brief Description of the REAL ESTATE OWNE 5. Principal Office Addres No. and Street: 460 City or Town: PRC 6. Mailing Address of Lit Contact Name: Contact No. and Street: 460 PRC 6. Mailing Address of Lit Contact Name: Contact No. and Street: 460 City or Town: PRC 7. Name and Address of Mailing Address of	ERSHIP, DEVELOPMENT, & MA ess <u>HARRIS AVE #104</u> <u>DVIDENCE</u> State mited Liability Company and Name Title: <u>HARRIS AVE #104</u> <u>DVIDENCE</u> State f Each Manager of the Limited Liab	NAGEMENT : <u>RI</u> Zip: <u>02909</u> or Title of Contact P : <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>JORDAN DURHAM</u> <u>56 HILLSIDE AVENUE</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02906</u>

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

Signed this 1 Day of October, 2018 at 1:08:12 PM 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 JORDAN DURHAM

Signature of Authorized Person

Form No. 632 Revised 09/07

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