RI SOS Filing Number: 201878964360 Date: 10/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

	FILED
	STAMP 0CT 0 5 2018 1 \(\sigma \)
BY_	J.

1. Entity ID Number	2. Exact name of the Limited Liability Company							
001099211	Kevin Armstrong, LLC							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238990	Construction/Excavating							
5. State of Formation	1							
RHODE ISLAND								
6. Principal Office Address			City		State	Zip		
365 William Reynolds Road				Exeter	RI	02822		
7. Mailing Address of Limited Lia		y and Name or Title	of Contact Pe	rson				
Contact Name Kevin Armstrong			Contact Title	Member				
Street Address P.O. Box 343			City	Exeter	State RI	^{Zip} 02822		
8. List ALL managers (names ar	nd addresses)	of the Limited Liabi	lity Company.	IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Manager Name	Manager Name							
Street Address	Street Address							
City	State	Zip	City		State	Zip		
	1	1		<u> </u>	Check the box to	ndicate an attachment		
9. Resident Agent in Rhode Islan	nd. This informa	ition is currently of rec	ord with the Dep	artment of State	. Changes require filir	ig Form 642.		
Under penalty of perjury, I ded				ort, including	any accompanyin	g schedules and		
statements, and that all statem Name of Authorized Person	nents contain	ea nerein are true	and correct.		Date			
Kevin Armstrong						10-2-18		
Signature of Authorized Person-		SIGN DO	OCUMENT HE	RF.	1			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov