



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

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.

1. Entity ID Number <b>123716</b>		2. Exact name of the Limited Liability Company <b>Aquidneck Tradesman's Center, LLC</b>			
3. NAICS Code 23 - Construction <b>236118</b>		4. Brief description of the character of business conducted in Rhode Island <b>Residential construction services</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>855 Aquidneck Ave, Unit 2</b>		City <b>Middletown</b>		State <b>RI</b>	Zip <b>02842</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Joseph H. Olaynack III</b>			Contact Title		
Street Address <b>43 B Memorial Blvd</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
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	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>David E. Michael</b>				Date <b>9/24/18</b>	
Signature of Authorized Person <i>David E. Michael</i>				SIGN DOCUMENT 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

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