RI SOS Filing Number: 201880146950 Date: 10/25/2018 2:34:00 PM

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nnual Report for th	e year: <u>ZU</u>	18		JUL 27 AM O. I	•	
imited Liability Con	npany			J. ;	55 ,28 8 0C 1 8	
→ Filing period: Septem	ber 1 - Novemb	er 1			0 2	
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form is	s not filed by De	ecember 1.	_		
y remaily. Modified has the					s 25	
1, Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
3241013	Gallo	Gallo Construction Company			P S D	
3. NAICS Code	4. Bnef des	4. Binef description of the character of business conducted in Rhode Island				
236118	Residentia	Residential home building and remodeling.				
5. State of Formation						
S. State of Porntation						
			City	State	Zip	
6. Principal Office Address 97 Windward Dr.			Portsmouth	RI	02871	
				1`		
7. Mailing Address of Limite	d Liability Compa	ny and Name of	Title of Contact Person			
Contact Name Scott Gallo			Contact Trile Owner			
Street Address 97 Windward Dr.			City Portsmouth	State RI	^{Zip} 02871	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - 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			Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This infor	nation is currently	of record with the Department of Sta	le. Changes require fil	ng Form 642.	
Under penalty of perjury,	I declare and af	firm that I have	examined this report, includin			
statements, and that all s		unea nerein ert	uve and correct	Date		
Name of Authorized Person Scott Gallo				7/25/2018		
					- · - <u>- · · · · · · · · · · · · · · · ·</u>	
Signature of Authorized Pe						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n gov BY FMPS9

A. A. 2:34 PM.

FORM 632 - Revised. 10/2017