State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No	2. Exact name of the limited liability company
78308	ROBINS SPEARS MASONRY, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	FULL SCALE MASONRY, CARPENTRY, LANDSCAPING, LAND CLEARING AND PAINTING 238990

5. Principal office address	City	State	Zip
47A KINGS FACTORY RD	CHARLESTOWN	RI	02813

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBIN SPEARS, SR	PRESIDENT

Street Address	City	State	Zip
47A KINGS FACTORY RD	CHARLESTOWN	RI	02813

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
ROBIN SPEARS, SR	

Street Address	Street Address
47A KINGS FACTORY RD	

City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813			

Manager Name	Manager Name

Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

NOV 02 2018 DS

BY 16563

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemel contained herein are true and correct.

Signature of Authorized Person *Date* OCT. ,2018

ROBIN SPEARS, SR
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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