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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000762609	2 Exact name Generatio	2. Exact name of the limited liability company Generation Drywall LLC				
3. State of Formation Connecticut	Commeric	iption of the charact cal Constructio	er of business conducted in Rhoden - Drywall	e Island		
5. Principal office address 201 West High Street			City East Hampton	State CT	Zip 06424	
 	MITED LIABILITY	COMPANY AND N	IAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Fabio Carta			Contact Title Treasurer			
Street Address 201 West High Street			City East Hampton	State CT	Zip 06424	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE L	IMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	.7in	Cit.	State	7in	
Mananer Name			Manager Name			
-						
Street Address			Street Address			
City	State	Zip	Cibr	Slate	Zin	
8. RESIDENT AGENT IN RHO	DE ISLAND				<u> </u>	
This information is currently	of record in the	Office of the Secre	etary of State. Changes require	filing Form 642.		
			1LED 1.5 20 2018 G12VA6	8	R.I. DEPT. OF S BUS SVCS D	
File Date				any accompanying :	irm that I have examined schedules and statemen	
Bv:			Signature of Authorize	d Person	Date	
- ,			<u>=</u>	Fabio Carta		
FOR SECRETARY OF STAT	E USE ONLY		Print or Type Name of	Authorized Deserv		

Form No. 632 Revised: 01/2012