



**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 2014**

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. <b>000762609</b>		2. Exact name of the limited liability company <b>Generation Drywall LLC</b>	
3. State of Formation <b>Connecticut</b>		4. Brief description of the character of business conducted in Rhode Island <b>Commerical Construction - Drywall</b>	
5. Principal office address <b>201 West High Street</b>		City <b>East Hampton</b>	State <b>CT</b>
		Zip <b>06424</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Fabio Carta</b>		Contact Title <b>Treasurer</b>	
Street Address <b>201 West High Street</b>		City <b>East Hampton</b>	State <b>CT</b>
		Zip <b>06424</b>	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>I</b>		Manager Name <b>I</b>	
Street Address <b>I</b>		Street Address <b>I</b>	
City <b>I</b>	State <b>I</b>	City <b>I</b>	State <b>I</b>
Zip <b>I</b>		Zip <b>I</b>	
Manager Name <b>I</b>		Manager Name <b>I</b>	
Street Address <b>I</b>		Street Address <b>I</b>	
City <b>I</b>	State <b>I</b>	City <b>I</b>	State <b>I</b>
Zip <b>I</b>		Zip <b>I</b>	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

NOV 20 2018

*By Fabio Carta*

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.

*[Signature]*  
 Signature of Authorized Person

11/16/2018

Date

**Fabio Carta**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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