



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

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.

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000788121

**2. Exact Name of the Limited Liability Company** SHORELINE BUILDING & DESIGN LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

238350

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SHORELINE BUILDING & DESIGN IS A FULL SERVICE GENERAL CONTRACTING COMPANY FOR RESIDENTIAL AND COMMERCIAL PROPERTIES. WE FOCUS ON TAKING A CUSTOMERS VISIONS AND MAKING THEM A REALITY. WE HAVE BEEN PART OF MANY NON-PROFIT ACTIVITIES IN THE STATE OF RI TO HELP THE LESS FORTUNATE WITH HOUSING AND EMERGENCY REPAIRS.

**5. Principal Office Address**

No. and Street: 11 JOY ST  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MIKE FALLGREN Contact Title: OWNER  
No. and Street: 11 JOY ST  
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
--------------	---	---

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL FALLGREN 11 JOY STREET BARRINGTON , RI 02806

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

**Signed this 3 Day of December, 2018 at 8:43:38 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MIKE FALLGREN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations  
All Rights Reserved