Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 Intraction of the Concentration of the time prescribed by law (R.I.G.L. 7. (He6(0k.0)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 001677:950 2. Exact Name of the Limited Liability Company EGO Plastering 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. 238310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REPAIR WALLS AND PLASTER 5. Principal Office Address No. and Street: 681 PUBLIC STREET City or Town: FROVIDENCE State: RI Zip: 02907 Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contry: USA 6. Principal Office Address No. and Street: 681 PUBLIC STREET Country:	S			Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1 GL 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&0)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 001677950 2. Exact Name of the Limited Liability Company EGO Plastering 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. 238310 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REPAIR WALLS AND PLASTER 5. Principal Office Address No. and Street: 681 PUBLIC STREET City or Town: Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTIAN GIRON Contact Title: OWNER No. and Street: 681 PUBLIC STREET City or Town: No and Street: 681 PUBLIC STREET City or Town: 681 PUBLIC STREET City o		Division Of Business	Services		
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country	
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTIAN GIRON 681 PUBLIC STREET PROVIDENCE, RI 02907

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

Signed this 10 Day of December, 2018 at 1:30:29 AM 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 <u>CHRISTIAN GIRON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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