RI SOS Filing Number: 201882999950 Date: 12/20/2018 12:24:00 PM

Annual Report for the year:    Imited Liability Company	State of Rhode Island and Providence Plantations Department of State - Business Services	s Division		SEC CO	
imited Liability Company  Filling period: September 1 - November 1  Fill	Annual Poport for the year: 2017			REPO REC	
Filing period: September 1 - November 1 Filing Fee \$50.00 Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number Penalty: Additional \$25.00 fee if form is not filed by December 1.  2. Exact name of the Limited Liability Company Preceding the Control of	Lingited Linbility Commun.				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  8. List ALL managers (names and addresses) of the Limited Liability Company is Street Address  Manager Name  Street Address  City  State  Zip  Check the box to indicate an attachment  9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fining form #42.  Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements contained herein are true and correct.  Name of Authorized Person  Lo J, Weeks  Signature of Authorized Person  Lo Late Address  Signature of Authorized Person  Lo Late Authorized Person	→ Filing period: September 1 - November 1				
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3. NAICS Code  23 U11  5. State of Formation  ET  Construction—Frequency  6. Principal Office Address  450  For TIFES IN.  City  State  Conject Title  Manager Name  Street Address  City  State  Zip  2450  City  State  City  State  City  State  City  Frequency  Contact Name  Contact Name  Contact Name  Contact Title  Manager Name  Street Address  City  State  Zip  2450  The Address  City  State  City  State  Zip  Check the box to indicate an attachment of State Changes require filing Form 842.  Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements contained herein are true and correct.  Name of Authorized Person  Ac J Neberts  Signature of Authorized Person  FILED					
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MAIL TO:	MAIL TO:	DVA 7 NO	367	10-04	
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040					

Website: www.sos.ri.gov