State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

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**Annual Report for the year:** 2018
**Limited Liability Company**

→ 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 | 2. Exact name of the Limited Liability Company |
|---|---|
| 1022119 | LUIS & SON CONSTRUCTION LLC |
| 3. NAICS Code: 236115 | 4. Brief description of the character of business conducted in Rhode Island: REBILDEN COMPLYTE HOUSE BAY & SALE |
| 5. State of Formation: RI | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 37 AMERICA ST | CRANSTON | RI | 02920 |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name | Contact Title | | |
|---|---|---|---|
| JOSE CRUZ | PRESIDENT | | |
| Street Address: 37 AMERICA ST | City: CRANSTON | State: RI | Zip: 02920 |

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

| Manager Name | Manager Name |
|---|---|
| JORDY CRUZ. | LUIS PAYERO |
| Street Address: 37 AMERICA ST | Street Address: 9 MALBIN ST |
| City: CRANSTON State: RI Zip: 02920 | City: PROVIDENCE State: RI Zip: 02909 |
| Manager Name: DARWIN CRUZ. | Manager Name |
| Street Address: 37 AMERICA ST | Street Address |
| City: CRANSTON State: RI Zip: 02920 | 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 filing Form 642.

***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.***

| Name of Authorized Person | Date |
|---|---|
| JOSE ANTONIO CRUZ | 12-31-18 |

Signature of Authorized Person

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BY CR CPGDH

**MAIL TO:**
**Division of Business Services**
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