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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN -2 PM 1: 35

→ 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				
846854	BLACKSTOWN BUILDING UC				
3. NAICS Code 23616 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island Construction				
R					
6. Principal Office Address SO SCHOOL ST			City NEWPO25	State (2.)	Zip 07840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas m TMRAMORN Street Address 50 School 5.			Contact Title		
Street Address SC SCHOOL ST			City	State (C)	Zip oz840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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