



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV
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Annual Report for the year: 2015
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 000794186		2. Exact name of the Limited Liability Company Cores Unlimited LLC	
3. NAICS Code 424110		4. Brief description of the character of business conducted in Rhode Island Buying & Selling	
5. State of Formation Rhode Island			
6. Principal Office Address 840 North Wilson Road		City Lowgap	State NC
		Zip 27024	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PHILLIP HARRISON		Contact Title Manager	
Street Address 840 North Wilson Road		City Lowgap	State NC
		Zip 27024	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name ON		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 <input type="checkbox"/>			
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 PHILLIP HARRISON		Date 09/17/2018	
Signature of Authorized Person <i>Phillip Harrison</i>		SIGN DOCUMENT HERE	

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

JAN 24 2019

BY

FORM 632 - Revised: 08/2016

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