RI SOS Filing Number: 201987542880 Date: 2/26/2019 9:52:00 AM

State of Rhode Island and Providence Plantations						
Department of State - Business Services Division					2	
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Annual Report for the year: -2019					B 0.4元	
Limited Liability Company					26 XARC	
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→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					- 불 동네네	
→ Penalty: Additional \$:25 NN fee if form i	is not filed by Dec	emher 1			
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Entity ID Number 2. Exact name of the Limited Liability Company						
convitority of the little party of the state						
10/662669	<u> </u>	KEDUI	MANY CONSIRUC	110A L	<u> </u>	
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
1226118.	COL	MERCIO				
5 State of Sometice	\longrightarrow	,				
5. State of Formation						
KL.						
6. Principal Office Address			City	State	Zip	
187 Lewox	111.		Danificance	PP	22029	
			FIOVIDENCE	1	102101	
7. Mailing Address of Limit	ed Liability Compa	iny and Name or Ti	Y			
Contact Name Luis Camacho Contact Tille Owner						
/	Carro	CIVO	<u> </u>	7	T ₇₁₋	
Street Address 187	Levon	KU.	City Dyou.	State C.	21p 02907	
8 List ALL managers (nar	mes and addresses	s) of the Limited Liz	ability Company, IF APPLICABLE - I	DO NOT LIST MI	EMBERS	
Manager Name		o) or the Emilion En	Manager Name —	(1	
			Manager Name —	•		
Street Address			Street Address			
City_ ·	State = 🚣	l ⁷ⁱⁿ	Circ.	Statr -	Zip	
<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>		<i>-</i>	<u> </u>	
Manager Name			Manager Name			
Street Address			Street Address			
Oli Cel 7 (Galless			outer Address			
City	State	Zip	City	State	Zip	
		<u>l</u>				
			Çh	eck the box to inc	dicate an attachment 🗌	
9. Resident Agent in Rhod	e Island. This infom	nation is currently of i	record with the Department of State, Cha	anges require filing	Form 642.	
			amined this report, including any	accompanying	schedules and	
statements, and that all	//	ined herein are tri	ue and correct.	_		
Name of Authorized Perso	n //,	N_{α}	- /	Date	/ /	
	Juis/	Kan	acho	102	27/19	
Signature of Authorized Pe						
		SIGN	OCCUPAT HERE			
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MAIL TO:				FILED		
Division of Business Serv	/ices	*		'0 anih		
148 W. River Street, Provid	ence, Rhode Island	d 02904-2615		FEB S	6 2019 + 65CY	
Phone: (401) 222-3040				ا.آآ آئے	+ 55CH	
Website: www.sos.ri.gov				7 191	1 -	

FORM 632 - Revised: 10/2017