RI SOS Filing Number: 201988461270 Date: 3/11/2019 4:00:00 PM



## 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.

MAR: 1-1-2019 BY 2 0 0 0

1. Entity ID Number <b>001670500</b>	2. Exact name of the Limited Liability Company  Shamrock Builders LLC					
3. NAICS Code 236118	Brief description of the character of business conducted in Rhode Island     Genreral Contractor					
5. State of Formation		ا راجا <u>تامینمجی</u>	and the second s	an ann an	· ·	
6. Principal Office Address PO box 354			City North Stonington	State RI	Zip 06359	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name William Corrigan			Contact Title Owner/President			
Street Address PO Box 354			City North Stonington	State CT	<sup>Zip</sup> 06359	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name , an Co	5000	<u>م</u> م	Manager Name			
Manager Name, an Corrigan  Street Address  WASSUP ROAD  City or Uh Sturing to State of Zing 6 355			Street Address			
Morth Sturingt	State CT	zin 6 350	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate 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	Date	
William ¢orrigan				3/6/19	3/6/19	
Signature of Authorized Person 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