



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

FILED

APR 08 2019

OUTAMP

Annual Report for the year: 2018
Limited Liability Company

BY 116

- 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 <u>001672289</u>		2. Exact name of the Limited Liability Company <u>Triple S Construction LLC</u>			
3. NAICS Code <u>238350</u>		4. Brief description of the character of business conducted in Rhode Island <u>Construction</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>19 Washburn Ave</u>		City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Sheridan DeCristoforo</u>			Contact Title <u>Owner</u>		
Street Address <u>19 Washburn Ave</u>			City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Sheridan DeCristoforo</u>			Manager Name		
Street Address <u>19 Washburn Ave</u>			Street Address		
City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>	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 <u>Sheridan DeCristoforo</u>				Date <u>4-3-19</u>	
Signature of Authorized Person <u>[Signature]</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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