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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FOUL MED ECRETARY OF STATE CORPORATIONS DIV

2019 JUN -6 PM 2: 06

- Filing period: Contember 1. Novem

→ 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				
0663033	MXJ COUDTEUCTION * QUENNING. ALC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
236115	Construction				
5. State of Formation					
RHODE IS bND.					
6. Principal Office Address			City	State	Zip
16 PARKER OF FLL			CEUTEAL FALLS	RI	02.863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ELLER J. CANTE			Contact Title Owner		
Street Address 16 PARKET ST FL 1			City COURSE FOLLS	State	Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ELNER J. CONTE.			Manager Name		
Street Address 16. PARKET ST. FL 1.			Street Address		
CITY CENTERL FALLS	State Ru	Zip 02665	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	<u> </u>	CI	neck 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	
ELNER J. CONFE				06-06-2019	
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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