



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>001667506</u>		2. Exact name of the limited liability company <u>GREMOUR & MARTIN, LLC</u>			
3. State of Formation <u>RI 236118 NMS</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION, RESTORATION SERVICES</u>			
5. Principal office address <u>316 WARWICK NECK AVE</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>JAMES MARTIN</u>			Contact Title		
Street Address <u>318 WARWICK NECK AVE</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		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
8. RESIDENT AGENT IN RHODE ISLAND <u>Robert S. Bruzzi, ESA.</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUL -5 AM 11:18

FILED

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BY KL DMWIN

11:18

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.

Signature of Authorized Person [Signature] Date 29 June 2019
JAMES MARTIN
 Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By: _____

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