



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

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.

FILED

JUL 13 2019

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|---|--------------------|--|--------------------------------|-----------------------|---------------------|
| 1. Entity ID Number 001042033 | | 2. Exact name of the Limited Liability Company YA Construction Services of Rhode Island LLC | | | |
| 3. NAICS Code 236115 | | 4. Brief description of the character of business conducted in Rhode Island ACT AS PROJECT MANAGER OR OWNER REPRESENTATIVE FOR COMMERCIAL AND INDUSTRIAL CONSTRUCTION PROJECTS | | | |
| 5. State of Formation MO | | | | | |
| 6. Principal Office Address 87 GRASSO PLAZA #320 | | City ST. LOUIS | | State MO | Zip 63123 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name LINDA YOUNG | | | Contact Title MEMBER | | |
| Street Address 10412 APPOMATTOX STATION COURT | | City ST. LOUIS | | State MO | Zip 63123 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name LINDA YOUNG | | | Manager Name | | |
| Street Address 10412 APPOMATTOX STATION COURT | | | Street Address | | |
| City ST. LOUIS | State MO | Zip 63123 | 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 LINDA YOUNG | | | | Date 7/9/19 | |
| Signature of Authorized Person <i>Linda Young</i> SIGN DOCUMENT HERE | | | | | |

MAIL TO:

Division of Business Services
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