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→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017	
Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

2. Exact name of the Limited Liability Company 1. Entity ID Number Field & Co LLC 4. Brief description of the character of business conducted in Rhode Island 236115 **Construction Services** 5. State of Formation 6. Principal Office Address City State СT 06355 12 Ivy Road Mystic 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Ben Field Contact Title Principle Street Address 12 Ivy Road State CT City Mystic Zip 06355 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City City Zip State Manager Name Manager Name Street Address Street Address City State Zip City Zip Check the box to indicate 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 Ben Field 8-19-19 Signature of Authorized B

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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31KZ FORM 632 - Revised: 10/2017