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BUS SVCS DIV

2019 AUG 26 A 4 38

Annual Report for the year: 2019
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.

1. Entity ID Number	2 Evact name	of the Limited Lin	ability Company	-	
001667994	2. Exact name of the Limited Liability Company Was Spesign Build LL				
3. NAICS Code 236116	4. Brief description of the character of business conducted in Rhode Island Curra Contractor				
5. State of Formation]				
RI	! 				
6. Principal Office Address			City_	State	Zip
11 South Angell St # 325			Providence	151	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Feder co Hanasque			City Providence State 21 210 2906		
Street Address Hangell St, #325			City Providence	State 121	21p 02906
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	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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					
Signature of Antiberized Person Signature of Antiberized Person Signature of Antiberized Person Signature of Antiberized Person					
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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 C AUG 26 2019 9:4/ BY On 920A6