s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000931963</u>	3		
2. Exact Name of the Li	mited Liability Company <u>Windsor</u>	Masonry 1.1.c.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ity. Download
238140			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in RI	node Island
MASONRY CONTRAC	CTOR, SPECIALISING IN HISTO	DRIC MASONRY REPAIR	<u>S.</u>
5. Principal Office Addre	SS		
	SHORE ACRES AVE CTH KINGSTOWN Stat	e: <u>RI</u> Zip: <u>02852</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
	OYD Contact Title: <u>VICE PRESIDE</u> HORE ACRES AVENUE	NT, OPERATIONS	
City or Town: NORT	H KINGSTOWN S	otate: <u>RI</u> Zip: <u>02852</u> Co	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liak RS	ility Company, if Applicable	
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix KEITH BOYD	Address, City or Town, State, Zip	
		369 SHORES ACRES NORTH KINGSTOWN, RI 02	
MANAGER	LEIGHANNE BARTON BOYD MRS	369 SHORE ACRES	AVENUE

NORTH KINGSTOWN, RI 02852 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KEITH BOYD 369 SHORE ACRES AVENUE NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of August, 2019 at 12:54:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KEITH BOYD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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