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

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 Eyactina       | me of the Limite  | ed Lighility Company                             | <del></del> -              |                        |  |  |
|--|------------------|---|--|----------------------------|------------------------|--|--|
| 000791373  |                  |   |  |                            |                        |  |  |
| 3. NAICS Code  | 4. Brief des     | 4. Brief description of the character of business conducted in Rhode Island |  |                            |                        |  |  |
| 238910   | General co       | ontracting and e  | excavation                                       |                            |                        |  |  |
| 5. State of Formation  |                  |   |  |                            |                        |  |  |
| RI   |                  |   |  |                            |                        |  |  |
| 6. Principal Office Address                                      |                  |   | City   | State                      | Zip                    |  |  |
| 136 West Main Road, Suite 2                                      | 03               |   | Middletown                                       | RI                         | 02842                  |  |  |
| 7. Mailing Address of Limited L                                  | iability Compa   | iny and Name or   |  | <u> </u>                   | •                      |  |  |
| Contact Name Gregory R. Coe,                                     | 11               |   | Contact Title Owner                              |                            |                        |  |  |
| Street Address 136 West Main 1                                   | Road, Suite 2    | 03  | City Middletown                                  | State RI                   | <sup>Zip</sup> 02842   |  |  |
| 8. List ALL managers (names                                      | and addresse:    | s) of the Limited   | Liability Company, IF APPLICAL                   | BLE - DO NOT LIST          | MEMBERS                |  |  |
| Manager Name   | -                | <del>-</del> '  | Manager Name                                     | Manager Name               |                        |  |  |
| Street Address   |                  |   | Street Address                                   |                            |                        |  |  |
| City   | State            | Zip   | City   | State                      | Zip                    |  |  |
| Manager Name   | <b>-1</b> -      | •   | Manager Name                                     |                            |                        |  |  |
| Street Address   |                  |   | Street Address                                   |                            |                        |  |  |
| City   | State            | Zip   | City   | State                      | Zip                    |  |  |
|  |                  | <u>.</u> .  |  | Check the box to           | indicate an attachment |  |  |
| 9. Resident Agent in Rhode Isl                                   | and. This inform | nation is currently   | of record with the Department of Sta             | ite. Changes require filir | ng Form 642.           |  |  |
| Under penalty of perjury, i de<br>statements, and that all state |                  |   | examined this report, includin true and correct. | g any accompanyin          | g schedules and        |  |  |
| Name of Authorized Person  | Date             |   |  |                            |                        |  |  |
| Gregory R. Coe, II   |                  | 8/29/2019   |  |                            |                        |  |  |
| Signature of Authorized Person                                   |                  |   | OC MENT HERE                                     |                            |                        |  |  |

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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