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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. Exact name of the Limited Liability Company  |  |  |                   |                                       |
|--|---|--|--|-------------------|---------------------------------------|
| 1660651  | RHODE ISLAND SAND AND GRAVEL, LLC   |  |  |                   |                                       |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island                   |  |  |                   |                                       |
| 531390   | TO PURCHASE, LEASE, MANAGE AND SELL RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE. |  |  |                   |                                       |
| 5. State of Formation  |   |  |  |                   |                                       |
| RHODE ISLAND   |   |  |  |                   |                                       |
| 6. Principal Office Address  |   |  | City   | State             | Zip                                   |
| 1220 LAFAYETTE ROAD  |   |  | NORTH KINGSTOWN                                      | RI                | 02852                                 |
| 7. Mailing Address of Limited Lia  | ibility Compan  | y and Name or T                        |  | <del>'</del>      |                                       |
| Contact Name LINDA COLE  |   |  | Contact Title MEMBER                                 |                   |                                       |
| Street Address 1220 LAFAYETTE ROAD   |   |  | City NORTH KINGSTOWN                                 | State RI          | Zip 02852                             |
| 8. List ALL managers (names a  | nd addresses)   | of the Limited Li                      | ability 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                                   |
|  | ·   |  | CH   | neck the box to i | ndicate an attachment                 |
| 9. Resident Agent in Rhode Islan   | id. This informa  | tion is currently of r                 | ecord with the Department of State. Ch               |                   |                                       |
| Under penalty of perjury, I dec<br>statements, and that all statem   | lare and affire<br>ents contain   | m that I have exi<br>ed herein are tro | amined this report, including any<br>ue and correct. | / accompanyin     | g schedules and                       |
| Name of Authorized Person  |   |  |  | Date              | · · · · · · · · · · · · · · · · · · · |
| LINDA COLE, MEMBER   |   |  |  | 09-0              | 4-2019                                |
| Signature of Authorized Person  Signature of Authorized Person  Signature of Authorized Person  Signature of Authorized Person |   |  |  |                   |                                       |

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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