



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001091737

2. Exact Name of the Limited Liability Company SHORELINE GRAVEL LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

212321

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO CARRY ON A GENERAL EARTH-MOVING AND CONTRACTING BUSINESS IN ALL OF ITS BRANCHES INCLUDING THE LOCATING, LAYING OUT AND CONSTRUCTION OF ROADS, AVENUES AND GENERALLY IN ALL CLASSES OF ERECTIONS AND WORKS, BOTH PUBLIC AND PRIVATE; TO CONDUCT AND CARRY ON THE BUSINESS OF MINERAL EXTRACTION AND GRAVEL PROCESSING; DREDGING AND DIGGING FOR SAND, GRAVEL AND OTHER SOILS AND TO CRUSH STONE; TO TRUCK SAND, GRAVEL, SOILS AND STONE PRODUCTS AND GENERALLY TO PURCHASE, SELL AND TRADE IN SAND, GRAVEL, SOILS AND STONE PRODUCTS.

5. Principal Office Address

No. and Street: 50 PIETILA ROAD
PO BOX 1379

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: EVELYN J. SMITH Contact Title: SOLE MEMBER

No. and Street: PO BOX 498

City or Town: CAROLINA State: RI Zip: 02812 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

EVELYN J. SMITH 50 PIETILA ROAD CHARLESTOWN , RI 02813

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

Signed this 13 Day of September, 2019 at 4:05:07 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 EVELYN SMITH
Signature of Authorized Person

Form No. 632
Revised 09/07

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