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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: **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.

	· - · · · · · · · · · · · · · · · · · ·	, 		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
	Entity ID Number	2. Exact name of the Limited Liability Company					
	1667600	<u>ECUA & USA</u> Construction LLC					
NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
	236115						
	5. State of Formation	Cons	structi	101			
	R:I						
\int	6. Principal Office Address		 _	City	State	Zip	
	34 DODE ST			NEW HAVE	CT	06512	
	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
	Contact Name KLEBER CONTROMS			Contact Title			
	Street Address 34 POPE ST			CITY NEW BAYEN	State CT	zip 00812	
	8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
	Manager Name			Manager Name			
	Street Address	reet Address			Street Address		
	City	State	Zip	City	State	Zıp	
	Manager Name			Manager Name			
	Street Address			Street Address			
	City	State	Zıp	City	State	Zip	
				Che	ck the box to ind	icate an attachment	
	9. Resident Agent in Rhode Islan	Check the box to indicate an attachment 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 statem	tements, and that all statements contained herein are true and correct.					
	Name of Authorized Person 142580 COVTNSM $09-18-19$. Signature of Authorized Person 142580 COVTNSM $09-18-19$.						
\downarrow							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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BY A GYENX