

Annual Report for the year: 1999 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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
000132318	Melvick Baildrs LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
236115	sicle Lamin construction						
5. State of Formation	single faming constructor						
RI							
6. Principal Office Address			City	State	Zip Oo -		
38 SMAN DOX TEARS			Richmons	RI	02892		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name John J. Coon			Contact Title of ATI'M MA AFV				
Street Address Small POK TRAN		City Rictions	State	Zip 02097			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name John J. Coon of			Manager Name				
Street Address 8 SWAI POX TRAIL			Street Address				
City Ric Haron)	State P1	2102892	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island, This information is currently of record with the Department of 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 statements contained herein are true and correct.							
Name of Authorized Person Date							
John J	e g		10-	22-19			
Signature of Avithorized Person							
SIGN DOCLMENT HERE							
y ————————————————————————————————————							

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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FORM 632 - Revised: 10/2017