S			
	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001099859</u>	2		
2. Exact Name of the Line SERVICES LLC	mited Liability Company <u>KOCH B</u>	ENTERPRISES CONS	STRUCTION
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	he entity. Download
<u>236118</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
RESIDENTIAL CONST OF RHODE ISLAND.	TRUCTION AND ANY OTHER L	EGAL ACTIVITY WI	THIN THE STATE
		EGAL ACTIVITY WI	THIN THE STATE
OF RHODE ISLAND. 5. Principal Office Addre		EGAL ACTIVITY WI	THIN THE STATE
OF RHODE ISLAND. 5. Principal Office Addre No. and Street: 39 W	ess VOODMIST CIRCLE	EGAL ACTIVITY WI	THIN THE STATE
OF RHODE ISLAND. 5. Principal Office Addre No. and Street: 39 W City or Town: COV 6. Mailing Address of Line	vess VOODMIST CIRCLE VENTRY Stat mited Liability Company and Name	e: <u>RI</u> Zip: <u>02816</u>	Country: <u>USA</u>
OF RHODE ISLAND. 5. Principal Office Addre No. and Street: 39 W City or Town: COV 6. Mailing Address of Line Contact Name: Contact	vess VOODMIST CIRCLE VENTRY Stat mited Liability Company and Name Title:	e: <u>RI</u> Zip: <u>02816</u>	Country: <u>USA</u>
OF RHODE ISLAND. 5. Principal Office Addree No. and Street: 39 W City or Town: COV 6. Mailing Address of Line Contact Name: Contact No. and Street: 39 W	vess VOODMIST CIRCLE VENTRY Stat mited Liability Company and Name	e: <u>RI</u> Zip: <u>02816</u> • or Title of Contact Pe	Country: <u>USA</u>
OF RHODE ISLAND. 5. Principal Office Addre No. and Street: 39 W City or Town: COV 6. Mailing Address of Line Contact Name: Contact No. and Street: 39 W City or Town: COV	vss VOODMIST CIRCLE VENTRY Stat mited Liability Company and Name Title: VOODMIST CIRCLE ENTRY State * Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02816</u> • or Title of Contact Pe •: <u>RI</u> Zip: <u>02816</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
OF RHODE ISLAND. 5. Principal Office Addre No. and Street: 39 W City or Town: COV 6. Mailing Address of Line Contact Name: Contact No. and Street: 39 W City or Town: COV 6. Mailing Address of Line Contact Name: Contact No. and Street: 39 W City or Town: COV 7. Name and Address of	vss VOODMIST CIRCLE VENTRY Stat mited Liability Company and Name Title: VOODMIST CIRCLE ENTRY State * Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02816</u> • or Title of Contact Pe •: <u>RI</u> Zip: <u>02816</u>	Country: <u>USA</u> erson: Country: <u>USA</u> icable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

1-2-3 FINANCIAL SERVICES INC. 470 EAST GREENWICH AVENUE WEST WARWICK , RI 02893

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

Signed this 27 Day of October, 2019 at 6:21:57 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 LOUIS F VASTANO JR CPA

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved