RI SOS Filing Number: 201926862220 Date: 10/31/2019 4:00:00 PM

(III)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

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 i	is not filed by Decen	nber 1.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
1676509	GARRETT EVANS GENERAL CONTRACTOR, LLC					
3. NAICS Code 23 6 115	Brief description of the character of business conducted in Rhode Island To manage construction jobs and to build, repair, and refurbish buildings					
5. State of Formation RI						
6. Principal Office Address	•			State	Zip	
439 METACOM AVENUE			BRISTOL	RI	02809	
7. Mailing Address of Limited Lia		iny and Name or Title				
Contact Name GARRETT EVANS			Contact Title MEMBER			
Street Address 439 METACOM AVENUE			City BRISTOL	State RI	Zip 02809	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zìp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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 decistatements, and that all statem	lare and affi nents contai	irm that I have exam Ined herein are true	nined this report, include and correct.	ing any accompanying	schedules and	
Name of Authorized Person				Date		
GARRETT EVANS				10/18/19		
Signature of Authorized Person		SIGNOC	CUMENT HERE			

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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