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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV -7 AM 10: 26

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 is not filed by December 1.

	<del></del> _				<u></u>
1. Entity ID Number  2. Exact name of the Limited Liability Company  COSHUCT  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation Construction.					
$R_1$					
6. Principal Office Address			City	State	Zip
22 ARBUR Drive			Chans tou	Ni	02921
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MELSON FATURA			Contact Title Uhr ne -		
Street Address 22 Arby Dr			City Crauston A	State N-I	zip 02921
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name PEISON F FATUOR			Manager Name		
Street Address AD POUR VOILE			Street Address		
City Coango	State	z 0292	City	State	Zip
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 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.					
Wame of Authorized Person Date					
MELSON FAT			1116	12019	
Signature of Authorized Person					
<del></del>					

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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