

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.

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| | 2012 | |

| 1. Entity ID Number 128420 | 1 | 2. Exact name of the Limited Liability Company 5A Builders, LLC | | | | | |
|--|--------------------------------|--|---|--------------------------|-----------------------|--|--|
| 3. NAICS Code | 4. Brief de: | Brief description of the character of business conducted in Rhode Island | | | | | |
| 236118 | construct | construction and land development | | | | | |
| 5. State of Formation | 7 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 220 Knowles Way Extension | | | Narragansett | RI | 02882 | | |
| 7. Mailing Address of Limited L | iability Compa | ny and Name or | Title of Contact Person | <u></u> | | | |
| Contact Name Alexander J. Petrucci | | | Contact Title Member | | | | |
| Street Address 220 Knowles Way Extension | | | City Narragansett | State RI | Z _{IP} 02882 | | |
| 8. List ALL managers (names | and addresse: | s) of the Limited | Liability Company, IF APPLICAB | LE - DO NOT LIST I | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | <u> </u> | | Check the box to it | ndicate an attachment | | |
| 9. Resident Agent in Rhode Isla | and. This inform | nation is currently o | of record with the Department of State | e. Changes require filin | g Form 642. | | |
| Under penalty of perjury, I de statements, and that all state | clare and affi ements conta | irm that I have o | examined this report, including true and correct. | any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| Alexander J. Petrucci | | | | 10/24/19 | | | |
| Signature of Authorized Person | | | √B OCUMENT 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