

<u>COMMENSATE</u> CORPORATIONS DIV

2019 DEC 17 PM 1: 46

Annual Report for the year: 20(9 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.

1. Entity ID Number	2 Evact rame	of the Limited Li-	hillh. C		
	2. Exact name of the Limited Liability Company				
001674928	Alex	01050	exts uc		Ī
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236118	<u> </u>				
5. State of Formation					
R.I	Constuction				
6. Principal Office Address			City	State	Zip
108 Herschel &t			providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Alex Fernander			Contact Title		
108 Herschel gt			prolly dence.	State	2ip 02909
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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Z ip
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 /					
Alex Fernandez				12 17	a
Signature of Authorized Person					

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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