	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
	Providence RI 0290 (401) 222-304		
HOPE	(401) 222 30		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>001330451</u>			
2. Exact Name of the Limited Liability Company $\underline{SLC, LLC}$			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the optity. Download			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>238120</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
IRON WORK, STEEL REINFORCEMENT SLABS			
5. Principal Office Addre	SS		
No. and Street: 28	ALBION ROAD		
	NCOLN State: R	I Zip: <u>02865</u> Country:	USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: LIANA HADDAD Contact Title:			
	<u>NG PHILLIP RD</u> COLN	I Zip: 02865 Country:	
City or Town: LIN		<u>I</u> Zip: <u>02865</u> Country:	<u>00A</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	le, Country
MANAGER LIANA HADDAD 28 ALBION ROAD			
		LINCOLN, RI 02865 USA	

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

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

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

Signed this 21 Day of August, 2020 at 2:00:53 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 <u>LIANA HADDAD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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