



State of Rhode Island

Department of State - Business Services Division

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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 RI DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number <u>001675394</u>		2. Exact name of the Limited Liability Company <u>A.S. Quality Construction LLC</u>			
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>construction / contractor</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>20 calek st</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Adeline Santos</u>			Contact Title <u>member / owner</u>		
Street Address <u>20 calek st</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
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	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>Adeline Santos</u>				Date <u>09/18/2020</u>	
Signature of Authorized Person <u>Adeline Santos</u>					

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

SEP 18 2020

BY SA A50

A.A. 3:31pm