



State of Rhode Island

Department of State - Business Services Division

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2020 SEP 18 PM 3 29

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.

| | | | | | | | | | | | |
|---|--|---|--|--|--|--------------------|--|---------------------------|--|-----|--|
| 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 <input type="checkbox"/> | | | | | | | | | | | |
| 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

FORM 632 - Revised: 08/2020