

Annual Report for the year: 2020 **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. Exact name of the Limited Liability Company				
000114934	JENKINS ENRWLISTS LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238210	ELERMICAL CONTRACTOR				
5. State of Formation					İ
R.I.					
6. Principal Office Address			City	State	Zip
Z-1/2 PANK DRIVE			MIDDLETOWN	R.I.	02845
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BEN DEWKINS			Contact Title (WARK		
Street Address 7-1/2 PARE DEIVE			MIDDLETOWN	State R · L ·	2ip 07842
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	2ip	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 Authonzed Person $\widehat{\mathcal{S}}$	VKIN)		Date 9 - 20 - 2020		
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