	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
HOPE			
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001690411</u>	-		
2. Exact Name of the Limited Liability Company Blue Ladder Construction, LLC.			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	code that best describes the primary to information on <u>NAICS</u> can be found of		he entity. Download
<u>236118</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted	I in Rhode Island
GENERAL CONSTRUC	CTION		
5. Principal Office Addres	SS		
	ARBOR DRIVE ANSTON State: <u>RI</u>	Zip: <u>02921</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Pe	rson:
No. and Street: 22 A	FATUDA Contact Title: ARBOR DRIVE		
City or Town: <u>CRA</u>	ANSTON State: <u>RI</u>	Zip: <u>02921</u> (	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab S	ility Company, if Appl	icable.
Title	Individual Name First, Middle, Last, Suffix	Addre Address, City or Town, St	
8 RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NELSON FATUDA 22 ARBOR DRIVE CRANSTON, RI 02921

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

**Signed this 5 Day of October, 2020 at 12:28:48 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>NELSON FATUDA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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