



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

OCT 26 2020

BY

*[Signature]*

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 <b>158369</b>		2. Exact name of the Limited Liability Company <b>MAGUIRE CONSTRUCTION COMPANY, LLC</b>			
3. NAICS Code <b>238990</b>		4. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION COMPANY</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>625 HOPE ROAD</b>		City <b>HOPE</b>		State <b>RI</b>	Zip <b>02831</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Steven A. Moretti, Esq.</b>			Contact Title <b>Registered Agent</b>		
Street Address <b>1140 Reservoir Avenue</b>			City <b>Cranston</b>		State <b>RI</b> Zip <b>02920</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Matthew Maguire</b>			Manager Name		
Street Address <b>625 Hope Road</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <b>MATTHEW MAGUIRE</b>				Date <b>10/7/2020</b>	
Signature of Authorized Person <i>Matthew Maguire</i>					

**MAIL TO:**

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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