RI SOS Filing Number: 202071941570 Date: 10/29/2020 4:00:00 PM



R.I. Dr ______ TE

-2020 OCT 29 P3 2: 24.

- → 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	Exact name of the Limited Liability Company				
00168/099	NEW ENGLAND SUBCONTRACTOR'S UC.				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
236115	_				
5. State of Formation	Can licite from				
RI	Construction				
6. Principal Office Address			City	State	Zip
43 GROTTO DU			PPWTUUK=T	ZI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JUDN M. URIONA			Contact Title OWN=R		
Street Address 43 GIWTTO AU.			City POWT.	State RI	ZIP 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name UUN M Uriona			Manager Name		
Street Address 43 Grotto AV			Street Address		
	State	2ip 07.860	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 Date					
JUDN M. URIONS 10/20/20					
Signature of Authorized Person 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

FILED

OCT 2 9 2020 RV P R W 5 5 M

FORM 632 - Revised: 08/2020