	State of Rhode Office of the Secreta	
	Division Of Business	s Services
	148 W. River S	street
	Providence RI 029	
HOPE	(401) 222-30	40
Domestic Limited Lia Annual Report - Ame (Section 7-1.2-1501(e) of th		6, as amended)
This form is only	to be used to amend the current a	annual report on file with this office.
ANNUAL REPORT YEAR:	<u>2020</u>	
1. ID No. <u>001666927</u>	<u>7</u>	
2. Exact Name of the Limited Liability Company DREAM HOME CONSTRUCTION, LLC		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Download I online.
236117		
4. Brief Description of th	e Character of the Business Whicl	h is Actually Conducted in Rhode Island
<b>CONSTRUCTION</b>		
5. Principal Office Addre	SS	
No. and Street: 5 B	ASIL CROSSING	
	ANSTON State:	<u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:
Contact Name: LUIS SA	NTANA Contact Title:	
No. and Street: <u>5 BASIL CROSSING</u>		
City or Town: CRA	ANSTON State:	<u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Lial RS	bility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	LUIS SANTANA	5 BASIL CROSSING CRANSTON, RI 02920 USA
MANAGER	LUIS E SANTANA PRECIDEN	5 BASIL CROSSING DR CRANSTON, RI 02921

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LUIS SANTANA 5 BASIL CROSSING CRANSTON, RI 02921

**Signed this 12 Day of November, 2020 at 9:53:18 AM 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 **LUISSANTANA**

Signature of Authorized Person

Form No. 632 Revised 09/07

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