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R.I. DEPT. OF STATE

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## **Department of State - Business Services Division**

2020 NOV 16 P 4: 15 **STAMP** 

> FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2018
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<br>001670774   | Exact name of the Limited Liability Company     Prime Construction & Electrical Services, LLC  |                      |                          |                    |                      |
|--|--|----------------------|--------------------------|--------------------|----------------------|
| 3. NAICS Code<br>238210  | Brief description of the character of business conducted in Rhode Island     Electrical Contractor and General Construction Contractor |                      |                          |                    |                      |
| 5. State of Formation<br>RI  |  |                      |                          |                    |                      |
| Principal Office Address     CLARK ST  |  |                      | City<br>NORTH PROVIDENCE | State<br>RI        | Zip<br>02911         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                          |                    |                      |
| Contact Name GRISMEL P. SENCION  |  |                      | Contact Title Partner    |                    |                      |
| Street Address 1 CLARK ST  |  |                      | City NORTH PROVIDENCE    | State RI           | <sup>Zip</sup> 02911 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                      |                          |                    |                      |
| Manager Name GRISMEL P. SENCION  |  |                      | Manager Name             |                    |                      |
| Street Address 1 CLARK ST  |  |                      | Street Address           |                    |                      |
| City NORTH PROVIDENCE  | State RI   | <sup>Zip</sup> 02911 | City                     | State              | Zip                  |
| Manager Name EGARDO S. PAGAN   |  |                      | Manager Name             |                    |                      |
| Street Address 1 CLARK ST  |  |                      | Street Address           |                    |                      |
| City NORTH PROVIDENCE  | State RI   | <sup>Zip</sup> 02911 | City                     | State              | Zip                  |
|  | •  | <del> </del>         | Che                      | eck the box to ind | icate 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               |                      |
| GRISMEL P. SENCION   |  |                      |                          | 11/05/2020         |                      |
| Signature of Authorized Person  Grisne Suncion   |  |                      |                          |                    |                      |

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

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FORM 632 - Revised: 08/2020