RI SOS Filing Number: 202080183680 Date: 12/16/2020 4:00:00 PM



State of Rhode Island

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

R.I. DEPT. OF STATE BUS SVCS DIV

2020 DEC 16 AM 9: 00

Annual Report for the year: 2019 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	2 Event name of the Unit	C. 11 : 122 - A			
	2. Exact name of the Limited Liability Company				
1671272	2510611h	CONSTRUCTIO	ON 11	6	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236110		~ <b>^</b>			
5. State of Formation	CONST	TRICTION			
R.T.					
6. Principal Office Address		City	State	Zip	
95 WAVERLY ST. AFT. IR		R PROVIPENCE	R. T.	02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name HICHARD ESTRELLA		Contact Title OWNER	Contact Title OWNER		
Street Address 99 WAVERLY 59	T APT IR	CITY PROVIDENCE	State R. I	Zip 02907	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name	Manager Name		
Street Address		Street Address	Street Address		
City	State Zip	City	State	Zip	
Manager Name		Manager Name	Manager Name		
Street Address		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.					
	lare and affirm that I have	examined this report, including an			
Name of Authorized Person Date					
RICHARD ESTRELLA			12-16	-2020	
Signature of Authorized Person					
Archard Estella					

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

DEC 16 2020

\* VKTCZ