g Number: 202081112670 Date: 12/21/2020 12:17:00 PM

RI SOS F	Filing Number:
State of Rhode Is Department	land of State - Bus
Annual Report for t Limited Liability Co → Filing period. Septer → Filing Fee: \$50.00 → Penalty: Additional \$	mpany mber 1 - Novemb
1. Entity ID Number 001664709	2. Exact nar R COREY C
3. NAICS Code 236118	4. Brief desc CONSTRUC
5. State of Formation RHODE ISLAND	
6. Principal Office Address 89 KICKAMUIT AVE	<u> </u>
7. Mailing Address of Limite Contact Name RICHARD C	<u>-i</u>
Street Address go KTCKAM	ELITE AND

State of Rhode Island			
Department of State	- Business	Services	Division

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1020 DEC 10 PM 12: 11

→ Filing period. Septemb	per 1 - Novem	per 1					
→ Filing Fee: \$50.00 → Penalty Additional \$25	5.00 fee if form	is not filed by D	ecember 1.	_	—- <u>দ্</u> ধু —,∞—		
y r Griding - r Gordono. Chic		10 1101 1110 0 5 7 2			8.1. (EP 8.1. (EP 2020 DEC		
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company					
001664709	R COREY	R COREY CONSTRUCTION LLC					
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SERVICES			ED TATE S DIV PM 12: 1		
5. State of Formation RHODE ISLAND		- Un					
6. Principal Office Address			Cily	State	Zip		
89 KICKAMUIT AVE			BRISTOI.	RI	02809		
7. Mailing Address of Limited	Liability Compa	any and Name or					
Contact Name RICHARD COREY			Contact Title OWNER	Contact Title OWNER			
Street Address 89 KICKAMUIT AVE			City BRISTOL	State RI	^{7ip} 02809		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST !	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zıp	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 i	indicate an attachment		
9. The Resident Agent inform	ation currently	of record with the	e RI Department of State is ac	curate. Changes require	e filing Form 642.		
Under penalty of perjury, I o statements, and that all stat			examined this report, includ true and correct.	ling any accompanying	g schedules and		
Name of Authorized Person				Date	•		
ROBERT HASKELL - AUTHORIZED REPRESENTATIVE				12/7/202	20		

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos ri.gov DEC 21 2020

BY Cu DOYPG