RI SOS Filing Number: 202190769060 Date: 2/9/2021 4:00:00 PM

State of Rhode Ist	and			_	
		siness Scn	vices Division		
•		0.00			•
Annual Report for the year: 2020					
-imited Liability Company  → Filing period: Sector bank at the sector					~
Filing period: September 1 - November 1  Filing Fee: \$50.00					70.7. 10.7.
→ Penalty: Additional \$	25.00 fee if form	is not filed by C	December 1.	-	EB SEPR
1. Entity ID Number	2. Exact n	ame of the Limit		70, 10	
1679023		2. Exact name of the Limited Liability Company Travis Construction I.J.C			O F
3. NAICS Code	4. Brief de	scription of the c			
236118	all aspects	all aspects of construction			
5. State of Formation					6
RI					
6. Principal Office Address			City	State	Zip
615 Rocky Hill Road			North Schuate	RI	02857
7. Mailing Address of Limit	ed Liability Compa	ony and Name o		<b>.</b>	<del></del>
Contact Name David Travis			Contact Title Owner		
Street Address 615 Rocky Hill Road			City North Schuate	State RI	Z <sub>P</sub> 02857
8. List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Žiρ	City	State	Z <sub>rp</sub>
	<del>-,</del> ,			Check the box to i	ndicate an attachment
9. The Resident Agent info	rmation currently o	of record with the	e RI Department of State is accur	rate. Changes requin	filing Form 642.
Under penalty of perjury, statements, and that all s	i declare and aff talements conta	ırm that I have : İned herein are	examined this report, including frue and correct.	g any accompanyin	g schedules and
Name of Authorized Person				Date	
David W Travis					
Signature of Authorized Pe	rson	_			
Jans W	Thu	<u></u>			
			······		

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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 (1) - Hevised: 08/2020

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