State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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. Exact name of the Limited Liability Company
001701448	Ben Krupinski Builder LLC
3. NAICS Code: 236110	4. Brief description of the character of business conducted in Rhode Island: No business conducted in Rhode Island
5. State of Formation: New York	

6. Principal Office Address	City	State	Zip
99 Newton Lane 2nd Floor	East Hampton	NY	11937

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Patricia Daniels	Office Manager

Street Address	City	State	Zip
99 Newton Lane, 2nd Floor	East Hampton	NY	11937

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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.

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
Raymond J. Harden	4/26/21

Signature of Authorized Person: Raymond J. Harden

RECEIVED
APR 29
R.I. DEPT. OF STATE
BUS. SVCS DIV
P 2:09

FILED
APR 29 2021
BY CMVNPPO
2:09

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020