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State of Rhode Island
Department of State - Business Services Division

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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. Exact name of the Limited Liability Company
001672289	Triple S Construction LLC
3. NAICS Code: 238160	4. Brief description of the character of business conducted in Rhode Island: All phases of construction mainly roofing & siding
5. State of Formation: RI	

6 Principal Office Address	City	State	Zip
19 Washburn Ave	Rumford	RI	02916

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

Contact Name	Contact Title		
Sheridan DeCristoforo	Owner / operator		
Street Address	**City**	**State**	**Zip**
19 Washburn Ave	Rumford	RI	02916

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
Sheridan DeCristoforo	19 Washburn Ave	Rumford	RI	02916
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
Sheridan DeCristoforo	5/29/21

Signature of Authorized Person: Sheridan DeCristoforo

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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

FORM 632 - Revised: 08/2020