

R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY - 4 PM 3: 18

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.

Entity ID Number	2. Exact name of the Limited Liability Company				
001672289	Triple S Construction LLC				
3. NAICS Code	4. Brief description of the character of pusiness conducted in Rhode Island				
238160	Miny roofing + siding				
5. State of Formation	mainly rooting & siding				
RI		•			
6 Principal Office Address			City	State	Zip
19 Washburn Ave			Runford	121	02916
7. Mailing Address of Limited Lia			of Contact Person	•	•
Contact Name Sheridan DeCristoforo			Contact Title Owner operator		
Street Address 19 Washburn Aue			City	State Y2 \	zip 0 2916
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Sheridan Delristoto			Manager Name		
Street Address 19 Washburn Aul			Street Address		
City Cumpord	State	zip 2916	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
-	<u> </u>	1.		heck 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	5/29/21
Sheridan	DeCrist	76.0		(4	
Signature of Authorized Person	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>Oit) (C</u>		1 7	72
Shen	Des				BUS BUS RUS
MAIL TO: Division of Business Services 148 W. River Street, Providence, Phone: (401) 222-3040 Website: www.sos.ri.gov	Rhode Island 029	904-2615	JUN 4 202	3:58 434	CETVED PT. OF STATE SVES DIV
			-1		FORM 632 - Revised: 08/2020