	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>00141005</u>	2		
2. Exact Name of the Li	mited Liability Company <u>GREYT</u>	HON CONSTRUC	TION LLC
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
236116			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
CONSTRUCTIONG	ENERAL CONTRACTING AND	CONSTRUCTION	MANAGEMENT.
5. Principal Office Addre	SS		
	WATER STREET <u>'STIC</u> State: <u>C</u>	<u>T</u> Zip: <u>06355</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
No. and Street: <u>31</u>	<u>_EWIN</u> Contact Title: <u>CEO</u> TER STREET		
	STIC State: CT	Zip: <u>06355</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if A	oplicable.
Title	Individual Name	Ac	ldress
	First, Middle, Last, Suffix	Address, City or Towr	n, State, Zip Code, Country
MANAGER	KYLE CHARLES KLEWIN		ATER STREET CT 06355 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

URS AGENTS, LLC 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of August, 2021 at 11:44:24 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KYLE KLEWIN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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