RI SOS Filing Number: 202100916830 Date: 9/3/2021 4:02:00 PM

State of Rhode Island
Department of State - Business Services Division

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.	
7 - Strong - reduction #45.00 ree it form is not filed by December 1.	EP −3 P 3: 5°
Entity ID Number 2 Exact name of the Limited Liability Company	
OC1679892 565 Construction, LLC	
NAICS Code A. Brief description of the character of business conducted in Rhode Island	
23:117 NEW Home Construction	
5 State of Formation	
6. Principal Office Address City State	Zip
111 Stapics Rd- Cumberland R	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person	02301
Striet Address III Striples Rd Chy Cumberland State	Pi Zio 02867
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LI	ST MEMBERS
Manager Name Manager Name	
Succt Address Street Address	
City State Z.p City State	Zıç
Manager Name	
Manager Name	
Street Address Street Address	
Street Address Street Address	Zıç
Street Address Street Address City State Zip City State	
Street Address Street Address City State Zip City State	to and an
Street Address City State Zip City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec	to indicate an attachment
Street Address City State Zp City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct.	to indicate an attachment
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct.	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct.	to indicate an attachment
Street Address City State Zp City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct.	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zp City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: MEY CY Signature of Authorized Person Manager Name Charless Check the box Check the box Changes rec Changes	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zp City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zp City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Signature of Authorized Person Manager Name Check the box Check the box Changes recurrently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Date Signature of Authorized Person Manager Name	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zip City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes reculunder penalty of perjury, I declare and affirm that I have examined this report, Including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Coff MEY CY Signature of Authorized Person MAIL TO: Wall To: Wal	to indicate an attachment wire filing Form 642. ying schedules and SE/23/21
Street Address City State Zip City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, Including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cott City State Check the box Changes recurrently of perjury, I declare and affirm that I have examined this report, Including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cott City State Check the box Changes recurrently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, Including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person ACOTT City Check the box Check the box Changes recurrently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, Including any accompanistatements of Authorized Person ACOTT Cott City Check the box C	to indicate an attachment wire filing Form 642. ying schedules and SE/23/21
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanisatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: Co	to indicate an attachment turne filing Form 642. ying schedules and
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: Signature of Authorized Person ALL TO: Signature of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615 hone: (401) 222-3040	to indicate an attachment wire filing Form 842. ying schedules and 8/23/21
Street Address Street Address City State Zip City State Check the box 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes ret Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: Cot Cot Cot Cot Cot Cot Co	to indicate an attachment were filing Form 842. ying schedules and FILED SEP 0 3 2021
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: Signature of Authorized Person ALL TO: Signature of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615 hone: (401) 222-3040	to indicate an attachment were filing Form 842. ying schedules and FILED SEP 0 3 2021
Street Address City State Zp City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes rec Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanisatements, and that all statements contained herein are true and correct. Name of Authorized Person Cot: Signature of Authorized Person Wey Cy Signature of Authorized Person Wey Cy Signature of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615 hone: (401) 222-3040	to indicate an attachment wire filing Form 842. ying schedules and 8/23/21
Street Address City State Zip City State Check the box The Resident Agent information currently of record with the RI Department of State is accurate. Changes recurrently of perjury, I declare and affirm that I have examined this report, Including any accompanistatements, and that all statements contained herein are true and correct. Name of Authorized Person Coff: Co	to indicate an attachment were filing Form 842. ying schedules and FILED SEP 0 3 2021