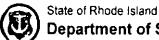
## RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV



## **Department of State - Business Services Division**

2021 SEP 24 A 10: 24

Annual Report for the year: 10005
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				
1668106					
3 NAICS Code	DYNAMIC CONTRACTION LLC				
0 0 0 0	Brief description of the character of business conducted in Rhode Island				
736118	Construction / Remodel				
5. State of Formation	]	,			
L KI					
6 Principal Office Address			City	State	Zip
Il Firstape Do			Attleborn	Mc	07763
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Time 17 #Y #ZLC			Contact Title		
Street Address // fr 61402 Dr			City Attle6212	State	<sup>Zip</sup> 02703
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Streel Address			Street Address		
City	State	Zıp	City	State	Zip
	1	<u> </u>	<u> </u>	Check the box to it	ndicate 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 / /					
Signature of Authorized Person				9/	24/2/
Signature of Authorized Person					

MAIL TO:

**Division of Business Services** 

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

SEP 2 4 2021

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