| | | of Rhode he Secreta | sland ry of State | Fee: \$50. |
|---|--|-----------------------------|----------------------|------------------------------|
| | 148 | Of Business W. River St | reet | |
| HOPE | | ence RI 0290 01) 222-304 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | | |
| In accordance with R.I.G.L. to file its annual report within 16-66(b&c)) is subject to a p | n thirty (30) days after th | | | |
| ANNUAL REPORT YEAR: | <u>2021</u> | | | |
| 1. ID No. <u>001705608</u> | | | | |
| 2. Exact Name of the Limited Liability Company Coastal Construction Northeast LLC | | | | |
| 3. State of Formation | | | | |
| State: <u>RI</u> | | | | |
| | А | RTICLE III | | |
| Enter the six digit NAICS C the list of codes <u>here.</u> More <u>236118</u> | | | | d by the entity. Download |
| 4. Brief Description of the | e Character of the Bus | iness Which | is Actually Cond | ucted in Rhode Island |
| | | | , | |
| <u>REMODELING</u> | | | | |
| 5. Principal Office Addres | SS | | | |
| | <u>) NORTH RD</u> HANNOCK | State: <u>RI</u> | Zip: <u>02875</u> | Country: <u>USA</u> |
| 6. Mailing Address of Lir | nited Liability Compar | ny and Name | or Title of Conta | ct Person: |
| | <u>AVID REASOR</u> Contact NORTH RD | Title: <u>MAN</u> | AGING MEMBER | |
| | | State: <u>RI</u> | Zip: <u>02875</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | Individual Na | - | | Address |
| | First, Middle, Last, | Suffix | Address, City or To | wn, State, Zip Code, Country |
| 8. RESIDENT AGENT IN R | HODE ISLAND - DO NO | OT ALTER | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC 47 WOOD AVE STE 2 BARRINGTON, RI 02806

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

Signed this 30 Day of November, 2021 at 3:02:26 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 JOHN DAVID REASOR

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved