



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001721761

**2. Exact Name of the Limited Liability Company** Sullivan Construction, LLC

**3. State of Formation**

State: NH

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236220

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

GENERAL CONTRACTOR - COMMERCIAL CONSTRUCTION

**5. Principal Office Address**

No. and Street: 50 KENNEDY PLAZA

SUITE 1500

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: CHERYL WILSON Contact Title: CONTROLLER

No. and Street: 258 SOUTH RIVER ROAD

City or Town: BEDFORD

State: NH

Zip: 03110

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	THOMAS F SULLIVAN SR	39 PILGRIM DRIVE BEDFORD, NH 03110 USA

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

HINCKLEY, ALLEN & SNYDER, LLP 50 KENNEDY PLAZA SUITE 1500 PROVIDENCE , RI 02903

**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 7:58:28 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 THOMAS F. SULLIVAN SR.  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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