Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence Ri (20940-2615) (401) 222-3040 Elimp Period: September 1 - November 1 In accordance with R1 GL 7-16-66(d), each limited liability company failing or refusing to the 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. 001035757 2. Exact Name of the Limited Liability Company ASG Builders, LLC State: RI ARTICLE III Entry Hear (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)							
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. Q01035757 2. Exact Name of the Limited Liability Company ASG Builders, LLC 3. State of Formation State: RI 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. 541330 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSTRUCTION 5. Principal Office Address No. and Street: 37.5 PUTNAM PIKE, SUITE 34 City or Town: Sintife Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 37.5 PUTNAM PIKE, SUITE 34 City or Town: Sint: RI Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: <t< td=""><td>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 RJ.GL. 7-16-66(0,0, each limited liability company failing or refusing to file its annual report with mitry (20) days after the time presonbed by law (RJ.GL. 7- 16-86(0&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001035757 2. Exact Name of the Limited Liability Company ASG Builders. LLC 3. State of Formation State: Bl 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. 5411320 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSTRUCTION 5. Principal Office Address No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: SMITHFIELD State: Rl zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: SMITHFIELD State: Rl Zip: 02917 Country: USA</td><td></td><td></td><td></td><td>)</td><td>Fee: \$50.00</td></t<>	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 RJ.GL. 7-16-66(0,0, each limited liability company failing or refusing to file its annual report with mitry (20) days after the time presonbed by law (RJ.GL. 7- 16-86(0&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2021 1. ID No. 001035757 2. Exact Name of the Limited Liability Company ASG Builders. LLC 3. State of Formation State: Bl 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. 5411320 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSTRUCTION 5. Principal Office Address No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: SMITHFIELD State: Rl zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: SMITHFIELD State: Rl Zip: 02917 Country: USA)	Fee: \$50.00		
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	5. Principal Office Address No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: State: RI Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: State: RI Zip: 02917 Country: USA Contact Name: Contact Title: State: RI Zip: 02917 Country: USA Address of SMITHFIELD State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Down, State, Zip Code, Country Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country	4. Brief Description of th	e Character of the Business Wh	ich is Actually	Conducted in	Rhode Island		
No. and Street: City or Town:375 PUTNAM PIKE, SUITE 34 SMITHFIELDState: RIZip: 02917Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: No. and Street: City or Town:Contact Title: SMITHFIELDState: RIZip: 02917Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	No. and Street: 375 PUTNAM PIKE, SUITE 34 SMITHFIELD State: RI Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS State: RI Zip: 02917 Country: USA	<u>CONSTRUCTION</u>						
City or Town:SMITHFIELDState: RIZip: 02917Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:375 PUTNAM PIKE, SUITE 34City or Town:SMITHFIELDSMITHFIELDState: RIZip: 02917Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSTitleIndividual NameAddress	City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 375 PUTNAM PIKE, SUITE 34 City or Town: SMITHFIELD SMITHFIELD State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS					
Contact Name: Contact Title: No. and Street: <u>375 PUTNAM PIKE, SUITE 34</u> City or Town: <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</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 Name Address	Contact Name: Contact Title: No. and Street: <u>375 PUTNAM PIKE, SUITE 34</u> City or Town: <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</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 Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			State: <u>RI</u> Z	Zip: <u>02917</u> (Country: <u>USA</u>		
No. and Street: City or Town: 375 PUTNAM PIKE, SUITE 34 SMITHFIELD State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address	No. and Street: City or Town: 375 PUTNAM PIKE, SUITE 34 SMITHFIELD State: RI Zip: 02917 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address Address, City or Town, State, Zip Code, Country	6. Mailing Address of Lin	nited Liability Company and Na	me or Title of (Contact Perso	n:		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	No. and Street: 375 PL	<u>JTNAM PIKE, SUITE 34</u>					
DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: <u>SMITH</u>		State: <u>RI</u> z	ip: <u>02917</u> C	ountry: <u>USA</u>		
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			iability Compa	ny, if Applicat	ble.		
Address, City or Town, State, Zip Code, Country		Title		۰ ۰ ۲۰		Zin Codo, Country		
		1	First, Middle, Last, Suffix	Address, Ci	iy or Town, State, 2	Lip Coae, Country		

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

GREGORY J. SCHADONE, ESQ. 7 WATERMAN AVENUE NORTH PROVIDENCE, RI 02911

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 2:54:32 PM 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>ALBERT S. GIZZARELLI, JR.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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