RI SOS Filing Number: 202106964510 Date: 12/10/2021 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year: 2021 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25.00) fee if form	is not filed by De	ecember 1.			
1. Entity ID Number	2. Exact na	ame of the Limited	d Liability Company		<u> </u>	
1676509	GARRETT EVANS GENERAL CONTRACTOR, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238662	To manage construction jobs and to build, repair, and refurbish buildings.					
5. State of Formation	1					
RI						
6. Principal Office Address		-	City	State	Zip	
439 Metacom Avenue			Bristol	RI	02809	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or				
Contact Name Garrett Evans			Contact Title Member	Contact Title Member		
Street Address 439 Metacom Avenue			City Bristol	State RI	^{Zip} 02809	
8. List ALL managers (names a	nd addresse:	s) of the Limited L	iability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>		Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. The Resident Agent information	on currently o	of record with the	RI Department of State is ac	curete. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affi nents conta	irm that I have exined herein are t	xamined this report, includerue and correct.	ling any accompanying	schedules and	
Name of Authorized Person		-	· .	Date	<u>v </u>	
Garrett Evans				0/2	1/01/21	
Signature of Authorized Person	24				, 	
- (X)				_ -		

MAIL TO:

Division of Business Services

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

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