

2021 DEC 14 A 10: 39

Annual Report for the year: **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					
123515	1001/C/rxcxina L./C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	Construction					
DT	$\rho \rightarrow$					
6 Principal Office Address	<u>L</u>		lo:	- ₁₋	, 	
019001/1 no 10h			City State Zip			
A / / A / / WAY WICK					102886	
7. Mailing Address of Limited/Liability Company and Name or Title of Contact Person						
Contact Name	2 Xa	Vier	Contact Title			
Street Address 217 ACV/ivm & Di			City MAY WICK	State 1	Zip 02806	
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			
Street Address			Street Address			
City	State	Zip	City	10	T	
	State	2.0	City	State	Zip	
Check the box to indicate 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						
12-14-21						
Signature of Authorized Person						
Wigner / w						
			· · · · · · · · · · · · · · · · · · ·			

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 C

DEC 1 4 2021 BY Can MBCT9