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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 December 1.

State   Stat	1. Entity ID Number	<del> </del>					
3. NAICS Code  3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  1. Part of the Construction  RT.  5. State of Formation  RT.  6. Principal Office Address  City  The State  Contact Name  Street Address  Manager Name  Manager Name  Street Address  Street Address  Street Address  City  Pawhocket  State  State  City  Check the box to indicate an attacturent  Check the box to indicate an attacturent files from 642  Contact Name  Check the box to indicate an attacturent files from 642  Contact Name  Check the box to indicate an attacturent files from 642  Contact Name  Check the box to indicate an attacturent files from 642  Contact Person  Check the box to indicate an attacturent files from 642  Contact Person  Check the box to indicate an attacturent files from 642  Contact Person  Check the box to indicate an attacturent files from 642  Contact Person  Check the box to indicate an attacturent	r. Entity ID Number	2. Exact name of the Limited Liability Company					
236 IIS  State description of the character of business conducted in Rhode Island  new and old construction  RI.  5. State of Formation  RI.  6. Principal Office Address  IB State St.  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Elma cante  Contact Title  Contact Title  Contact Title  Street Address  IB Stater St.  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  Cit	1663033	M8): construction and clear of 11.					
S. State of Formation RT.  S. Principal Office Address  City  RT.  S. Principal Office Address  City  RT.  Contact Name  Contact Title  OWNEY  State  RT.  Zip 02860  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City  Analysis of Particular State  Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  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  Elmac anté	S. NAICS Code	The description of the character of business conducted in Rhode Island					
S. Principal Office Address  S. Principal Office Address  City  Awfuckef  RI.  02860  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Elmer Cante  City  Pawfuckef  Street Address  Street Address  Street Address  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City  Amager Name  Street Address  Street Address  Street Address  City  State  City  State  City  Manager Name  Street Address  Street Address  City  State  City  State  City  State  City  State  City  Manager Name  Street Address  City  Manager Name  Street Address  City  State  City  State  City  State  City  State  City  State  City  Check the box to indicate an attacturent 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.  Date  Elman Antel	236115	new and old construction					
I'M Stater St.  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Elmer Cante  Contact Title  Contact Rat  Zip 02860  State  Zip City  State  Zip  Check the Dox to indicate an attachment  Check the box t	5. State of Formation						
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The slater of th	6. Principal Office Address			City	State	T <sub>n:</sub>	
Contact Name  Elmer contered  Contact Title  Counter  Contact Title  Counter  Contact Title  Counter  City  Pawticket  State RT  Cip 02860  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City  Pawticket  Street Address  Street Address  City  State  City  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  City  City  State  City  State  City  State  City  City  State  City  State  City  State  City  State  City  City  State  City  Check the box to indicate an attactument  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.  Date  Lims  Date  Lims  Contact Title  City  State RT  Zip 02860  City  State  Zip  Check the box to indicate an attactument  Lims  Check the box to indicate an attactument  Check the box to indicate and affirm that indicate and affirm that indicate and affirm that indicate and affirm th	118 slater st.			Paulture 1	l <u> </u>	02860	
Street Address    State   Stat	The state of the s						
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name    Manager Name	Elmer Conte			Contact Title			
Manager Name  Elmus . Counter Street Address  Street Address  City State Zip  Manager Name  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  Check the box to indicate an attachment 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  Elmus April 2.	Silver Address			City	- Bran-	1	
Manager Name  Elmus . Counter Street Address  Street Address  City State Zip  Manager Name  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  Manager Name  Street Address  City State Zip  City State Zip  Check the box to indicate an attachment 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  Elmus April 2.	8. List ALL managers (names and addresses) of the Limit Allers			Pawtucket		202860	
Street Address    State   Stat	Manager Name						
Street Address  City  Pawhocked State  State  City  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attachment  Check the box to indicate an attachment  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.  Date  Elmace  Date	Elmer). Courte Manager Name						
City State ST  State RT 2ip 2860 City State Zip  Manager Name  Street Address  Street Address  City State Zip City State Zip  Check the box to indicate an attachment 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.  Date  Elms Onte:	Street Address			Street Address			
State   Zip   Manager Name   Manager Name   Manager Name	110 Slater 5+						
Street Address  Street Address  City  State  Zip  Check the box to indicate an attachment  Check the box to indicate an attachment  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and  Name of Authorized Person  Elmw  Outh  Date  19 10 9 10 1	fautucket	State RI	Zip 02860	City	State	Zip	
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Street Address  City  State  Zip  Check the box to indicate an attachment  Check the box to indicate an attachment  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  Elma Contained herein are true and correct.  Date	Street Address		<del></del>				
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  19 109 101				Street Address			
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Name of Authorized Person  Elma content  Date  19 109 101	The state of the s						
Name of Authorized Person  Elmer conte:  19/09/01	statements and that all sections and affirm that I have examined this report, including any accompanion as bedieved.						
Elmer anté 19/09/11	Name of Authorized Person						
Signature of Authorized Person  12/22/2/	Date						
Signature of Authorized Person	Elma conte	2			19/09	101	
The The Town	Signature of Authorized Persen		79		1-1-1-1-	101	
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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

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