

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

## Department of State - Business Services Division

2021 DEC 22 PM 3: 16 TAMP

Annual Report for the year:	2022
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 nam	ne of the Limited Lir	ability Company	<del></del>			
001709518	Cussi	2. Exact name of the Limited Liability Company  Custing Construction, LLC.					
3 NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
236118	Con	Construction					
5. State of Formation	-						
RI							
6. Principal Office Address	<del></del>	<del></del>	Total	<del></del>			
101 Constoca Phay #24			City Crang Loon	State	zip Sly L1		
7. Mailing Address of Limited Lia	ability Compan	y and Name or Title	of Contact Person	<u></u>	1 5×1 ~1		
DONOLAN CEFTIS			Contrata				
Street Address			Civ	<del>' (</del>	<del></del> -		
Rlist All manager	04Ux #	24	City Cranston	State NI	Zip		
B. List ALL managers (names an Manager Name	nd addresses)	of the Limited Liabi	ility Company, IF APPLICABLE -	DO NOT LIST ME	MAFRS		
manager Name			Manager Name		MOLING		
Street Address		<del></del>	<del> </del>				
			Street Address				
City	State	Zip	City	T	· · · · · · · · · · · · · · · · · · ·		
Warene Na-	<u> </u>		City	State	Zip		
Manager Name			Manager Name				
Street Address					ļ		
			Street Address				
City	State	Zip	City	<del></del>	<u> </u>		
	<u></u>		City	State	Zip		
9. The Resident Agent information suggestives an attachment Check the box to indicate an attachment							
9. The Resident Agent information	on currently of	record with the RI [	Danarimont of Ctata :				
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							
Davasa Cerris (1)							
Signature of Authorized Person							
	<u></u>		<del>*</del>				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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