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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: ______ 30a 5

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001686994	Desuze Construction Group LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236118	Real estate investment:			
5. State of Formation	iv		_	
RhodeIsland	,			
6. Principal Office Address		City	State	Zip
1284 Broad St, Unit 2001		Provi dence	RI	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Terryl Desuze		Contact Title Munager		
Street Address 1284 Broad St, unit 2001		City Providence	State	zip 02905
8. 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	
Terryi Desuze			09/10/9095	
Signature of Authorized Person				

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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