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State of Rhode Island

## **Department of State - Business Services Division**

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

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

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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				<u> </u>
Entity ID Number	2 Exact name of the Limited Liability Company			
001699968	Guillen Construction 1/G			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
5310	heal Estate unusting and			
5. State of Formation Construction Remodeling hong Derrices				
6. Principal Office Address	<u> </u>	City	State	Zip
162 Hamilton =	troot	Dronidone	RT	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Jones Sulpy Contact Title Solo member				
Street Address 67 MA	milen stroot	City (nonline)	State 171	70P50°
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 Jancon Suillen			Date	
Signature of Authorized Person  Omcarlor, Quillen				

FILED

MAIL TO:

-Division of Business Services

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

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