



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Limited Liability Company

→ 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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>001703285</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>URIZ CONSTRUCTION LLC</b>                                                               |                           |                     |
| 3. NAICS Code<br><b>812990</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REMODELING AND CONSTRUCTION COMMERCIAL AND RESIDENTIAL</b> |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |  |                                                                                                                                              |                           |                     |
| 6. Principal Office Address<br><b>9 SYBARIS ST APT 2</b>                                                                                                                                                    |  | City<br><b>PROVIDENCE</b>                                                                                                                    | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                                              |                           |                     |
| Contact Name<br><b>LESTER M. URIZAR HERNANDEZ</b>                                                                                                                                                           |  | Contact Title<br><b>BUSINESS OWNER</b>                                                                                                       |                           |                     |
| Street Address<br><b>9 SYBARIS ST APT 2</b>                                                                                                                                                                 |  | City<br><b>PROVIDENCE</b>                                                                                                                    | State<br><b>RI</b>        | Zip<br><b>02909</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                                                              |                           |                     |
| <i>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.</i> |  |                                                                                                                                              |                           |                     |
| Name of Authorized Person<br><b>LESTER M. URIZAR HERNANDEZ</b>                                                                                                                                              |  |                                                                                                                                              | Date<br><b>01/12/2023</b> |                     |
| Signature of Authorized Person<br><b>L. U.</b>                                                                                                                                                              |  |                                                                                                                                              |                           |                     |

MAIL TO:

Division of Business Services

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

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BY ML RRAAC

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