

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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2. Exact name of the Limited Liability Company			
12. Salmeron Construction LLC			
4. Brief description of the character of business conducted in Rhode Island			
Masonry work			
	City	State	Zip
St	Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Presiliano Salmeron Contact Title Street Address 30 Ophelia St City Providence State Zip 02509			
nelia St	cin Providence	State RI	Zip 02909
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	
Presiliano Salmeron		92-06-23	
Signature of Authorized Person			
- Faise			
	A. Brief description of the charact Masonry State of the charact	City Providence bility Company and Name or Title of Contact Person Contact Title City Providence Contact Title	P. Salmeron Construction LL 4. Brief description of the character of business conducted in Rhode Island Masonry work City Providence RI bility Company and Name or Title of Contact Person Contact Title City Providence State RI on currently of record with the RI Department of State is accurate. Changes require filtere and affirm that I have examined this report, including any accompanying sments contained herein are true and correct. Date

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 1156 FEB 0 6 2023 BY G-14625