

Annual Report for the year: 2025
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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R.J. DEPT. G	OF STATE
PUS SVC	S DIV
2023 FEB 21	

						
1. Entity ID Number	2. Exact name of the Limited Liability Company					
272559	leoples Construction ICC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236118		,	•		1	
5. State of Formation	· / ·	(() N	4000	ANC	
o. State of Formation	pres	or \		Rocc	100	
6. Principal Office Address	_	City		State	Zip	
42 gruste	nu ave	fa	-F	State	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Levin	Back	Contact Title .	À	/	-	
Leon	proparx		Dure			
Street Address 42 97	15 Venora Ve	City	auf	State La	Zip 07860	
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 ラ /		
Kevin Y	wen x			-/	21/23	
Signature of Authorized Person					/	
				/		
70	7					
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FILED

FEB 21 2023 BY ML CHWMJ

MAIL TO:

Division of Business Services

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

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