



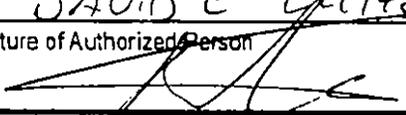
State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 FEB 27 P 12:32

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.

| | | | |
|---|--|---|--|
| 1. Entity ID Number <u>001727865</u> | | 2. Exact name of the Limited Liability Company <u>Eccleston Construction LLC</u> | |
| 3. NAICS Code <u>236118</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Builder / Renovation / Remodeling</u> <u>New Construction / Residential / Commercial</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>2 Mill Street.</u> | | City <u>North Providence</u> | State <u>RI</u> Zip <u>02911</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>DAVID E Eccleston</u> | | Contact Title <u>OWNER</u> | |
| Street Address <u>2 Mill Street.</u> | | City <u>North Providence</u> | State <u>RI</u> Zip <u>02911</u> |
| 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 <u>DAVID E Eccleston</u> | | Date <u>2-27-23</u> | |
| Signature of Authorized Person  | | | |

MB FILED *1232*
 FEB 27 2023
 BY CPGAY

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov