RI SOS Filing Number: 202329563000 Date: 2/27/2023 4:00:00 PM

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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                 | 2. Exact name of the Limited Liability Company   |   |                        |                      |
| 1670655                             | Porcayo Construction LLC   |   |                        |                      |
| 3. NAICS Code<br>236118             | Brief description of the character of business conducted in Rhode Island construction, remodeling commercial and residential & handyman services |   |                        |                      |
| 5. State of Formation RI            |  |   |                        |                      |
| 6. Principal Office Address         |  | City  | State                  | Zip                  |
| 989 Reservoir Avenue                |  | Cranston  | RI                     | 02910                |
| 7. Mailing Address of Limited       | d Liability Company and Name   | or Title of Contact Person                          |                        |                      |
| Contact Name Mario Porcayo          |  | Contact Title Member                                |                        |                      |
| Street Address 989 Reservoir Avenue |  | City Cranston                                       | State RI               | <sup>Zip</sup> 02910 |
| 8. The Resident Agent inform        | nation currently of record with t  | the RI Department of State is acc                   | urate. Changes require | e filing Form 642.   |
|                                     | declare and affirm that I hav<br>atements contained herein a   | e examined this report, including true and correct. | ng any accompanyin     | g schedules and      |
| Name of Authorized Person           |  |   | Date /                 | 1                    |
| Mario Porcayo, Member               |  | 1   | 12/21                  | 123                  |
| Signature of Authorized Pers        | son  | grah  | •                      |                      |

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