



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAR -9 P 1:47

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<br><u>1723622</u>  |  | 2. Exact name of the Limited Liability Company<br><u>Vision Construction LLC</u>                   |                    |
| 3. NAICS Code<br><u>236118</u>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Construction</u> |                    |
| 5. State of Formation<br><u>RI</u>   |  |  |                    |
| 6. Principal Office Address<br><u>120 Brown Ave</u>  |  | City<br><u>Johnston</u>  | State<br><u>RI</u> |
|  |  | Zip<br><u>02919</u>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                    |
| Contact Name<br><u>Hector Rosa</u>   |  | Contact Title<br><u>Owner</u>  |                    |
| Street Address<br><u>120 BROWN AVE</u>   |  | City<br><u>Johnston</u>  | State<br><u>RI</u> |
|  |  | Zip<br><u>02919</u>  |                    |
| 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<br><u>Hector Rosa</u>  |  | Date<br><u>3-9-23</u>  |                    |
| Signature of Authorized Person<br><u>[Signature]</u>   |  |  |                    |

FILED

MAR 9 2023

BY [Signature] 365

MAIL TO:

Division of Business Services

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