

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period September 1 - November 1 → Filing Fee \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by December 1.

FILED	•
MAR 0 8, 2023, 12.1P BY 1443	

2 Exact name of the Limited Liability Company 3 NAICS Code 3 NAICS Code 4 Brief description of the character of business conducted in CONSTRUTION 5 State of Formation 6 Principal Office Address 1400 PLMWJOD AUS 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Own of Street Address Street Address City CRASSTO	Rhode Island Slate R R R	2529/d	
238990 5 State of Formation 6 Principal Office Address 1400 RLMWJOD AUR 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Own1	State RP	² 529/d	
5 State of Formation 6 Principal Office Address 1400 ELMWOOD AUR 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Own 1	FiR	² / ₀ 29/0	
5 State of Formation 6 Principal Office Address 1400 FLMWJOD AUR 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name F ORLPUDNO Contact Title OWM1	FiR	² 529/d	
6 Principal Office Address 1400 FLMWJOD AUR 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Own 1	FiR	² / ₀ 29/∂	
6 Principal Office Address 1400 ELMWOOD AUR 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Own 1	FiR	29/0	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name S ORLPUDNO Contact Title OW of 1	FiR	<u>2</u> 29/2	
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Contact Name STON Contact Trie OW of 1 Street Appliess SLMWDD AUG CHYCRAS STON			
STOPPLAPORES FLMWOD AUG CHYCRATSTO		1- 4-21	
		2 1000/10	
8 List ALE managers (names and addresses) of the Limited Liability Company. IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name Manager Name	Manager Name		
Street Address Street Address	Streel Address		
City State Zip City	State	Zip	
Manager Name Manager Name	Manager Name		
Street Address Street Address	Street Address		
Crity State Zip Crity	State	Zıp	
	Check the box to	indicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate	te Changes requ	ire filing Form 642	
Under penalty of perjury, I declare and affirm that I have examined this report, including a statements, and that all statements contained herein are true and correct.	eny accompanyi	ing schedules and	
Name of Authorized Person JAMPS DRUSUMO	Oal	3-2-23	
Signature of Authorized Person Published			

MAIL TO:

Division of Business Services

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