

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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MAX 171 202	3	
9509	8	

Entity ID Number	2. Exact name of the Limited Liability Company		
111437	LINDSLRY MASONRY LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island		
238140	fineplaces, butios, malls		
5. State of Formation	1		
BI			
6. Principal Office Address	City State Zip		
14 WEADOW LARE	NARRAGAMENT RI 02889	2	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name FRDERICK	Contact Title OWNER		
Street Address 14 MCDCOW LBNC	City State Zip)	
8. The Resident Agent information	ion 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		
FREDERICK	1. r. nosley 3/14/23		
Signature of Authorized Person	also		

MAIL TO:

Division of Business Services

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

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