

Annual Report for the year:

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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	1013 HWI 5 1 1 5. 1 1			
1. Entity ID Number	2, Exact name of the Limited Liability Company			
<b>@0</b> 738250	IAA and I Construction ILC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
236220	General Construction			
5. State of Formation				
KT				
6. Principal Office Address	,	City	State	Zip
27 Spains	<u> 3t-</u>	Johnston	127	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ANTHONY NOTE: SON Contact Title OWNER				
Street Address Spring		City_JUL WS FON	State 7	Zip 02919.
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			Date 7	/
Barbara A-Suphite			3/29	1202-3
Signature-of Authorized Person / / /				
Sarbara & Serest				

FILED

MAR 29 2023 SP 2 Z

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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