RI SOS Filing Number: 202332881360 Date: 4/13/2023 4:00:00 PM



State of Rhode Island

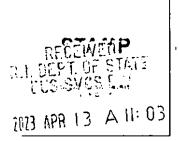
Department of State - Business Services Division

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.



| 1. Entity ID Number | 2. Event name of the Limited Lightlih, Company | |
|--|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | |
| 00/06/502 | Sculenac Construction hihic | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | |
| 5. State of Formation | Residential and Commercial Remodeler | |
| 6. Principal Office Address | City - State Zip | |
| 39 Parkway | Ave #1 Providence R. J. 08908 | |
| 7. Mailing Address of Limited-Liability Company and Name or Title of Contact Person | | |
| Contact Name ShacoN | Correlius Contact Title Owner | |
| Street Address 39 Park | cuse due city Providence State R.J. zip 02908 | |
| 8. The Resident Agent information | on 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 | mon Corneleies 04/13/23 | |
| Signature of Authorized Person | | |

APR 1 8 2023

MAIL TO:

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

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