

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 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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STAMP FOR CONTRACTOR STATE USE ONL:

2024 JAN 22 A 10: 34

Entity ID Number	2. Exact name of the Limited Liability Company			
00/023238	PEREZ CONSTRUCTION			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Control Control			
5. State of Formation			•	
6. Principal Office Address		City	State	Zip
17 EROWNINShield St		movibace	ni	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
GUSTAVO 8 CROT		Owned		
Street Address		City	State	Zip
17 corrininguist st		RUDUIZOCE	62(02909
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 /	
Leiki Silvieano			8/22/24	
Signature of Authorized Person				
Sew Dunnell)				

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MAIL TO:

Division of Business Services

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