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State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: Limited Liability Company

or the year: _______ 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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2024 JAN 23 P 2: 49

Entity ID Number	2. Exact name of the Limited Lia	bility Company	1	
001710943	Mahoney Exi	counting + Site	e Wor	k LLL
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
238910	Excavation world			
5. State of Formation	CACHUNGION	00 - 7 1 - 0		
RI				
6. Principal Office Address)	City	State	Zip
300 Tunk	Hill Rd	Scituate	RI	0283/
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	Contact Title			
John Mahoney		mem ber		
Street Address Tunk	Hill Rd	city Scituate	State R.I.	Zip 02831
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				
John Mx	1/23/24			
Signature of Authorized Parson				
0	()	<u></u>		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12 FILED 252 JAN 23 2024 BY N2N78