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Annual Report for the year: Limited Liability Company

2024

→ 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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	ra a					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
1764940.	Villa Construction LL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1228120						
	framing					
5. State of Formation	1					
<u> </u> <u> </u>						
6. Principal Office Address	0.3	City	State	Zip		
169 arant	St Pot I	Trull river	ma	102721		
101011	1.4.2	1000	1,,,,	02121		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person				
Contact Name		Contact Title		"		
Manuel Cesar Villa						
Street Address / /		City	State	Zip		
Street Address 169 Grant St		city Fall River	MA	02721		
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	el.		Date	/		
Mouvel Cesar Vi	//a·		01/26	/94		
Signature of Authorized Person						
11 00						

FILED 340

JAN 26 2074 BY ZACRE

MAIL TO:

Division of Business Services

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

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

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