RI SOS Filing Number: 202445120570 Date: 1/31/2024 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.

| FILED STANIP JAN \$1 2024 BY | |
|------------------------------|--|
| | |

| 1. Entity ID Number | 2. Exact name of the Limited Lia | bility Company | | | | |
|---|---|----------------|-----------|-------|--|--|
| 122982 | S+G CONS | TRUCTION CO. | LLC | | | |
| 3. NAICS-Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 258210 | ElecTRICAL CONTRACTOR | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | <u>, </u> | City | State | Zip | | |
| 170 Gorham | Ave | WARWICK | KI. | 02886 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Contact Title | | | | | | |
| SHEPHEN R. C | ERUNDIO | Wlember | | | | |
| Street Address | | City | State | Zip | | |
| 170 GORHAM | AVE | WARWICK | KL_ | 02886 | | |
| 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 | | <u> </u> | Date | 1 | | |
| STEPHEN R. GERUNDIO | | | 1/29/2024 | | | |
| Signature of Authorized Person | | | | | | |
| Stephen R. XTerundes | | | | | | |

MAIL TO:

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

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