

.,

State of Rhode Island Department of State - Business Services Division

REC"
D RIDO
HIS AMP 48.05 FM 48.05 FM

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. Exact name of the Limited Liability Company Riken Construction, LLC 4. Brief description of the character of business conducted in Rhode Island Residential contractor and all lawful business.				
000700310					
3. NAICS Code 236118					
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
1 Tiogue Avenue		West Warwick	RI	02893	
7. Mailing Address of Limite	d Liability Company and Name or Title	of Contact Person			
Contact Name Kelly A. Livermore		Contact Title Authorized Person			
Street Address 1 Tiogue Avenue		City West Warwick	State RI	^{Zip} 02893	
8. The Resident Agent infor	mation currently of record with the RI I	Department of State is accurate	e. Changes require	e filing Form 642	
	y, I declare and affirm that I have ex tatements contained herein are true	•	any accompany	ring schedules and	
Name of Authorized Person /			Date		
Kelly A. Livermore	Velly James	 	1-26-24		
Signature of Authorized Per				, <u>, , , , , , , , , , , , , , , , , , </u>	

FILED

FEB 0 5 2024 BY 100 1 0 3 3

MAIL TO:

Division of Business Services

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

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