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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.

FILED	STAMP
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1. Entity ID Number 000143799	2. Exact name of the Limited Liability Company PETER R. PELOQUIN, JR., LLC				
3. NAICS Code 23 2 2 2 3 2 1 5. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Residential and commercial construction, repair, contracting and subcontracting.				
6. Principal Office Address 29 Hickory Lane	1	City Westerly	State RI	Zip 02891	
7. Mailing Address of Limited Li	ability Company and Name or 1	Title of Contact Person		•	
Contact Name Peter R. Pelo	quin, Jr.	Contact Title	ontact Title		
Street Address 29 Hickory Lane		^{City} Westerly	State RI	^{Zıp} 02891	
8. The Resident Agent informat	ion currently of record with the I	RI Department of State is accu	rate Changes require	e filing Form 642.	
Under penalty of perjury, I de statements, and that all state			g any accompanyin	g schedules and	
Name of Authorized Person			Date	Date	
Peter R. Peloquin, Jr.			2/10/24		
Signature of Authorized Person	el in the				

MAIL TO:

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

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