

State of Rhode Island **Department of State - Business Services Division**

2024

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 MASON CONSTRUCTION LLC 4. Brief description of the character of business conducted in Rhode Island Repair and Remodel of Private Homes and Business			
001745193				
3. NAICS Code				
236118				
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
89 Sisson Street		Providence	R.I.	02909
7. Mailing Address of Limite	ed Liability Company and Name or 1	litle of Contact Person		<u> </u>
Contact Name Timothy Herbert Mason		Contact Title Member/Owner		
Street Address 89 Sisson Street		City Providence	State R.I.	^{Zip} 02909
8. The Resident Agent info	mation currently of record with the	RI Department of State is accur	ate. Changes require	filing Form 642.
, , , ,	ry, i declare and affirm that i have tatements contained herein are t	•	ing any accompany	ing schedules and
Name of Authorized Person		Date		
Timothy to Mason		2/27/24		
Signature of Authorized Pe			7	7
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FEB 27 2024

MAIL TO:

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