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

Annual Report for the year: 2072 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.

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Entity ID Number     2. Exact name of the Limited Liability Company					
	2. Exact name of the Limited Liability Company				
00/699362.	11 Stares of UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236117	RESIdential General Continetor				
5. State of Formation	1 SCOTTIFF SCH TATE OUTTHE 18				
8/20/2019					
6. Principal Office Address		City	State	Zip	
3 Caly Law	Cf.	Smitofiald	UT	029/7	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WAUL PERROTT		Contact Title Oupgr			
Street Address CAN Tons	4	Smith/15/d	State	210029t7	
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 deciare 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 W #XWY	whorized Person WHAY PERROTTI		Date 7. 1.24		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 5 2024

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