State of Rhode Island Fee: \$50.00   Office of the Secretary of State Office
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
Limited Liability Company Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. ID No. <u>001718831</u>
2. Exact Name of the Limited Liability Company WILLIAMSON & SON PAVING LLC
3. State of Formation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
236220
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
PAVING
5. Principal Office Address
No. and Street:2350 HARKNEYHILL RDCity or Town:COVENTRYState: RIZip: 02816Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name:Contact Title:No. and Street:2350 HARKNEYHILL RDCity or Town:COVENTRYState:RIZip:02816Country:USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
ROBERT HASKELL 833 WILLETT AVE RIVERSIDE , RI 02915

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 26 Day of April, 2024 at 8:54:43 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By ROBERT HASKELL

Signature of Authorized Person

Form No. 632 Revised 09/07

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