RI SOS Filing Number: 202454691960 Date: 5/21/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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 Evant name of the Limite | ad Liability Company | | - | |
|---------------------------------|---|---|---------------------------------------|----------------------|--|
| · | | 2. Exact name of the Limited Liability Company | | | |
| 238345 | ISLAND CONSTI | ISLAND CONSTRUCTION LLC | | | |
| 3. NAICS Code | 4. Brief description of the c | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 238390 | CONSTRUCTION | CONSTRUCTION | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 123 INDIAN TRAIL | | SOUTH KINGSTOWN | RI | 02879 | |
| 7. Mailing Address of Limit | ed Liability Company and Name of | r Title of Contact Person | · · · · · · · · · · · · · · · · · · · | | |
| Contact Name RAYMOND PAPARIAN | | Contact Title MEMBER | | | |
| Street Address 123 INDIAN TRAIL | | City SOUTH KINGSTOW | State RI | ^{Zip} 02879 | |
| 8. The Resident Agent info | rmation currently of record with the | e RI Department of State is accurate. Ch | nanges require | filing Form 642. | |
| | ry, I declare and affirm that I hav tatements contained herein are | re examined this report, including any true and correct. | у ассотрапуі | ing schedules and | |
| Name of Authorized Person | | | Date | | |
| RAYMOND PAPAR | IAN | | <i>151,</i> | クたと | |
| Signature of Authorized Pe | rson | | • | ' | |

MAIL TO:

Division of Business Services

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

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