RI SOS Filing Number: 202455749750 Date: 6/13/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 200

→ 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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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|--|-----------------------------------|-----------------|--|--|
| 001699221 | MAJ Que | neval Contra | cting LLC | | |
| 3. NAICS Code | 4. Brief description of the characteristics | cter of business conducted in Rho | de Island () | | |
| 541350 | T | | | | |
| 5. State of Formation | | - + 1 | - 1 · | | |
| R-I. | General | Contracting | Construction | | |
| 6. Principal Office Address | | City | State Zip | | |
| 4 Albert Orive | | Johnston | R.T. 0919 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| Juan Catala | | CEO | | | |
| Street Address 4 #Ber + Drive | | Johnston | State Zip O2919 | | |
| 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 declare 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 Date | | | | | |
| Juan Certala 6/13/2024 | | | | | |
| Signature of Authorized Person | | | | | |
| Lelys Carto | | | | | |
| // | | | | | |

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MAIL TO:

Division of Business Services

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

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