

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001699221	MAJ Ge	greval Con	tracting	LLC	
3. NAICS Code	4. Brief description of the chara	cter of business conducted	in Rhode Island		
541350	a constant				
5. State of Formation				1	
K-I.	General	Contraction	ng Cons	truction	
6. Principal Office Address		City	State	Zip	
4 Albert Or	ive	Johnston	R.T.	0919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	1	Contact Title			
Juan Cat	ala	CEO	<u> </u>		
Street Address 4 Al Bert F) (i) e	Johnston	State State	2ip 02919	
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	\ 1		Date		
svan Ce	tala		6/13/	2024	
Signature of Authorized Person //					
Kelys Cata Co					
//					

FILED

JUN 1 3 2024

MAIL TO:

Division of Business Services

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

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