RI SOS Filing Number: 202459142160 Date: 8/28/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

AUG 2 8 2024 8

Annual Report for the year: 202 \frac{1}{2}

→ 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. Exact name of the Limited Lia	bility Company		<u> </u>		
155169	TOURYILL	E CONSTRUC	Fron	LLC		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island			
236118						
5. State of Formation		•				
CT	CARPEY	TRY - R	Emos	*LING		
6. Principal Office Address	-	City	State	Zip		
489 GREEN	HAVEN RD.	PAWCATUCK	CT	06379		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name F R. T	OURVILLE	Contact Title	meme			
Street Address GREEN	HAVEN RD	PAWCATUCK	CT	206379		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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	\		
DALE	R. ShouRV	ELLE	82	2/24		
Signature of Authorized Persen						
I lake Amus						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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