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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

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--> 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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Entity ID Number	2. Exact name of the Limited Liability Company					
1730708	T.N.T. Construction LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236128	GENERAL CONSTRUCTION REMODELING INTERIOR					
5. State of Formation	AND LYTERIOR					
RI						
6. Principal Office Address		City	State	Zip		
86PAYTON	<b>⇒</b> 7	Providence	R.I.	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	tact Name Contact Title			<del></del> .		
POMAS SILU.	LUERIO MANAGER					
Street Address 86 PAY TON 5	ブ	City provi	State R. J.	2ip 01905		
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			
Zomas Silver	iv		9/2	3/2024		
Signature of Authorized Person						
TOMAS SILVERIO						

MAIL TO:

Division of Business Services

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

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

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