



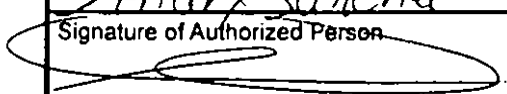
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2025

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSO  
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|                                                                                                                                                                                                         |  |                                                                                                                |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><u>007955891</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company.<br><u>EMM Construction LLC</u>                                 |                        |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><br><u>Construction Company</u> |                        |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                                |                        |
| 6. Principal Office Address<br><u>73 Dover St</u>                                                                                                                                                       |  | City<br><u>Providence</u>                                                                                      | State<br><u>RI</u>     |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</u>                                                                                            |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                |                        |
| Contact Name<br><u>Andrx Sanchez</u>                                                                                                                                                                    |  | Contact Title                                                                                                  |                        |
| Street Address<br><u>Sameas Company</u>                                                                                                                                                                 |  | City<br><u>Providence</u>                                                                                      | State<br><u>RI</u>     |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</u>                                                                                            |                        |
| 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<br><u>Andrx Sanchez</u>                                                                                                                                                       |  |                                                                                                                | Date<br><u>1/10/25</u> |
| Signature of Authorized Person<br>                                                                                    |  |                                                                                                                |                        |

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JAN 10 2025

BY RA5TG



MAIL TO:

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