

State of Rhode Island **Department of State - Business Services Division**

2025 Annual Report for the year: **Limited Liability Company**

→ 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 | | | | | |
|---|--|---------------|--------------|-------|--|--|
| 000738777 | TRUE QUALITY CONSTRUCTION LLC. | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 236115 | CONCRETE FINISH & GENERAL CONSTRUCTION | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address 160 | VALLEY ST | City | State | Zip | | |
| BuilDing #61 | 1 Suite 9/03 | Providence | RI | 02909 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name | | Contact Title | | | | |
| Graig Bus Street Address ST 57 Sumfer | Tillo | owner | | | | |
| Street Address | | City | State | Zip | | |
| 57 Sunter | APT I | Providence | RI | 02917 | | |
| 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 | | | |
| Graig BusTillo | | | FeB 21, 2025 | | | |
| Signature of Authorized Person | | | | | | |
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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