

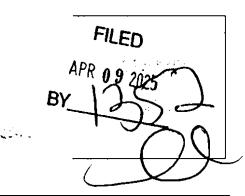
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 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.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
001679333	METCALF FACILITIES GROUP LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
541618	OWNER'S REPRESENTATIVE STRVICES				
5. State of Formation	_				
RI					
6. Principal Office Address	* "	City	State	Zip	
17 BEECH TREE RD		RUMFORD	RI	02916	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
JOHN METCALF		RESIDENT AGENT			
Street Address		City	State	Zip	
IT BEECH PLEE RO		RUMFORD	RI	02916	
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					
John	Metcalt		4-5-25		
Signature of Authorized Person Machine Machin					

MAIL TO:

Division of Business Services

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

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