RI SOS Fil	ing Number: 202573721300	Date: 5/28/2025 4:00:00 PM			
State of Rhode Department	Island of State Business Services	: Division			
Annual Report for the yellimited Liability Compa → Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$2	ny	RECEIVED 1. DEPT. OF STATE BUS SVCS DIV			
1. Entity ID Number coo 159 236	2. Exact name of the Limited Liab	bility Company Fel Construction LCC			
3. NAICS Code 3. State of Formation	4. Brief description of the charact	Brief description of the character of business conducted in Rhode Island Permodeling Tepring additions RI DOS MADE NON-SUBSTANTIVE FORM			
1 14 <u>[</u>	I WON-SUBS	TANTIVE EDM			

836118	remodelma	repairs add.	tons			
5. State of Formation	RI DOS MADE NON-SUBS	STANTIVE EDITS		,		
6. Principal Office Address 1162 Hab SE		City Black Island	State RI	Zip 02807		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Richard C Workel		Contact Title Sole menser				
Street Address POPOX 1001		Block Island	State RIE	zip 0287		
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			
Rocharda	'warfel		Date 5/22/2	2025		
Signature of Authorized Person	c want		· · -			

MAY 28 2025 BY U: 3067

MAIL TO:

Division of Business Services

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

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