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State of Rhode Island Department of State - Business Services Division

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				
3. NAICS Code A3 4 220 5. State of Formation RHODE ISLAND	1 RDWS GUBAL EDNSTWATON, LLC 4. Brief description of the character of business conducted in Rhode Island CONSTRCTION PROTECT MANAGEMENT CONSULTING				
6. Principal Office Address	ST. SUITE 6	City N. Pnov.	State / _ T	Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sythom D. PAULIN		Contact Title PMNCIPAL			
Street Address 4 GMSNDVILN DVL		City	State 7	Zip OZYGJ	
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 ANTHOM D. PROLIN		Date 5 / 2 9	Date 5/29/27		
Signature of Authorized Person					

FILED

MAY 2 9 2025 BY 6 8 9 8

MAIL TO:

Division of Business Services

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

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