

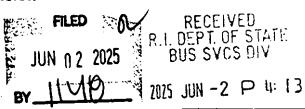
State of Rhode Island **Department of State - Business Services Division**

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 | | | | |
|------------------------------|---|--|------------------|----------------------|--|
| 001681190 | Pagel Construction | Pagel Construction LLC 4. Brief description of the character of business conducted in Rhode Island Construction | | | |
| 3. NAICS Code 236116 | | | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address | , <u></u> | City | State | Zip | |
| P.O. Box 711 | | West Kingston | RI | 02892 | |
| 7. Mailing Address of Limite | ed Liability Company and Name or Til | tle of Contact Person | | | |
| Contact Name Michael Pagel | | Contact Title LLc Member | | | |
| Street Address P.O. Box 711 | | City West Kingston | State | ^{Zlp} 02892 | |
| 8. The Resident Agent infor | mation currently of record with the R | Department of State is accurate | e. Changes requi | re filing Form 642. | |
| | y, I declare and affirm that I have e tatements contained herein are tru | | g any accompan | ying schedules and | |
| Name of Authorized Person | | | Date | | |
| Michael Pagel | | • | 5/a5/a5 | | |
| Signature of Authorized Per | son | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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