RI SOS Filing Number: 202574323440 Date: 6/6/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

: <u>2025</u>

-> 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 Lia			
NO1061502	Suilenroc (onstruction	L.C.	
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	le Island	
236118	Residentia	(/ Commercia	Renodelar	
5. State of Formation	·	'		
R:J.				
6. Principal Office Address		City	State Zip	
39 Porkuse	1 Rue #/	Providence	R.I. 02908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name	1	Contact Title		
Sharon C	ornelius	Suns	2(
Street Address	y Rue	City Providence	State Zip 398)	
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 / /	
SHAYON	Cornelius		06/6/25	
Signature of Authorized Person	Corn			

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JUN 06 2025

MAIL TO:

Division of Business Services

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

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

