



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>305407</u>		2. Exact name of the limited liability company <u>Cardoso Construction</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Construction</u>			
5. Principal office address <u>72 Charity ST</u>		City <u>E. PROV.</u>	State <u>RI</u>	Zip <u>02914</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>JOAQUIM CARDOSO</u>		Contact Title <u>owner</u>			
Street Address <u>72 Charity ST.</u>		City <u>E. PROV.</u>	State <u>RI</u>	Zip <u>02914</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>JOAQUIM CARDOSO</u>		Manager Name			
Street Address <u>72 Charity ST</u>		Street Address			
City <u>E.P.</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

JUN 16 2012

BY [Signature]
29-172807

2012 JUN 18 AM 10:09
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] _____ Date _____
JOAQUIM CARDOSO
Print or Type Name of Authorized Person