



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 122274		2. Exact name of the limited liability company Capco Home Builders, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Construction activities including acting as general contractor to hold, develop, purchase, sell or deal in real estate	
5. Principal office address 33 Acorn Street		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael J. Caparco		Contact Title Manager	
Street Address 33 Acorn Street		City Providence	State RI Zip 02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Michael J. Caparco		Manager Name	
Street Address 33 Acorn Street		Street Address	
City Providence	State RI	Zip 02903	City Providence
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Girard R. Visconti, Esquire		Address	
Address 55 Dorrance Street		City Providence	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

122274

File Date	FILED
Check No.	SEP 21 2007
By:	5670
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 of Authorized Person

Date

Michael J. Caparco, Manager

Print or Type Name of Authorized Person