

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

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.

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l '	2. Exact name of the limited liability company R.A. DEFUSCO & SON, LLC									
	ef description of the NCE INSTALLAT		ch is actually conducted in Rhode Island	i						
5. Principal office address 2129 Plain Field Pike			Johnston .	State R	t. 2102919					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Julie Defusco			Contact Title Manager							
2129 Plainfield Pike			Johnston	State R I	Zip Ox 919					
7. NAME AND ADDRESS OF EACH			LITY COMPANY, IF APPLICAB ACHMENTS ("X" BOX FOR ATT		OT LIST MEMBERS					
Manager Name Julie Defuseo			Manager Name							
Street Address George Washington Rd			Street Address							
Foster State	₹. ∓	Z# 01825	Chy	State	Zip					
Manager Name			Manager Name							
Street Address			Street Address							
City State		Zip	Gity	State	Zip					
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name RICHARD A. DEFUSCO, SR.			require filing of Form 642 - R.I.G.L. 7-16-11 Address							
Address 7 GEORGE WASHINGTON ROAD			FOSTER	Zip 02825-						

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

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	W. B. C. Stanton			x>		****
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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.

Print or Type Name of Authorized Person