



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 2008

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. 116447		2. Exact name of the limited liability company Capco Equipment, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Equipment Leasing and Sales.			
5. Principal office address 33 ACORN STREET		City PROVIDENCE		State RHODE ISLAND	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL J. CAPARCO, SR.		Contact Title CHIEF EXECUTIVE OFFICER		Zip 02903	
Street Address 33 ACORN STREET		City PROVIDENCE		State RHODE ISLAND	
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, SR.		Manager Name PATRICIA G. CAPARCO	
Street Address 33 ACORN STREET		Street Address 33 ACORN STREET		Zip 02903	
City PROVIDENCE		City PROVIDENCE		State RHODE ISLAND	
State RHODE ISLAND		State RHODE ISLAND		Zip 02903	
Zip 02903		Zip 02903		Zip 02903	
Manager Name		Manager Name		Manager Name	
Street Address		Street Address		Street Address	
City		City		City	
State		State		State	
Zip		Zip		Zip	
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 VISCONTI & BOREN, LTD.			
Address 55 DORRANCE STREET		City PROVIDENCE, RHODE ISLAND		Zip 02903	

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

116447

FILED	
File Date	FEB 26 2009
Check No.	0583027
By	11:24
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, SR., MANAGER

Print or Type Name of Authorized Person