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.	2. Exact name of the limited liability company
98158	DELLI ELECTRIC & TELECOMMUNICATIONS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	ELECTRICAL WORK

5. Principal office address	City	State	Zip
21 LORI DRIVE NORTH PROV.	NORTH PROV.	R.I.	02911

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
PASQUALE DELLI CARPINI	MANAGER

Street Address	City	State	Zip
21 LORI DRIVE	NORTH PROVIDENCE	R.I	02911

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	Street Address	City	State	Zip
PASQUALE DELLI CARPINI	21 LORI DRIVE	NORTH PROV.	R.I.	02911
Manager Name	Street Address	City	State	Zip
~~PASQUALE DELLI CA~~				
Manager Name	Street Address	City	State	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	Address	City	Zip
PASQUALE DELLI CARPINI	21 LORI DRIVE	NORTH PROV.	02911

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

[redacted] [redacted]

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: 5/22/09

[redacted]: PASQUALE DELLI CARPINI
Print or Type Name of Authorized Person

File Date	5-22-09
Check No.	2144
By:	MMC

FOR SECRETARY OF STATE USE ONLY

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Form 632 Rev. 07/07