



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 2009

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. 104113		2. Exact name of the limited liability company The FIVE C'S, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTALS			
5. Principal office address 93 BENTLEY STREET		City EAST PROVIDENCE		State RI	Zip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL R. CAVACO			Contact Title MANAGER		
Street Address 137 BOURNE AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
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 JOSEPH CAVACO			Manager Name MICHAEL R. CAVACO		
Street Address 5 THRID STREET			Street Address 137 BOURNE AVENUE		
City BARRINGTON	State RI	Zip 02806	City EAST PROVIDENCE	State RI	Zip 02914
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 DAVID DIPALMA, ESQ.			Address		
Address 138 WARREN AVENUE			City EAST PROVIDENCE		Zip 02914

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

104113

SEP 22 2009

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: *Michael R. Cavaco* Date: 9-13-09

MICHAEL R. CAVACO

Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	