RI SOS Filing Number: 200952518260 Date: 10/14/2009 4:00 PM

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.	2. Exact name of the limited liability company
158629	M.J. Daly, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Connecticut	Mechanical, fire suppression, fabrication and plumbing contracting.

5. Principal office address	City	State	Zip
110 Mattatuck Heights	Waterbury	CT	06705

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

Contact Name	Contact Title
Gordon W. Fletcher	Treasurer and Secretary

Street Address	City	State	Zip
110 Mattatuck Heights	Waterbury	CT	06705

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
None.				

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
Joseph J. Reale, Jr.	Joseph J. Reale, Jr., Ltd.		
40 Westminster Street, Suite 703		Providence	02903

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

[redacted] 158629 [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* 9/30/09

[redacted] Robert M. Bolton

Print or Type Name of Authorized Person

File Date 10-14-09
Check No. 9181
By: mnc

FOR SECRETARY OF STATE USE ONLY

39121-30-440798

Form 632 Rev. 07/07