



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. 158629		2. Exact name of the limited liability company M.J. Daly, LLC			
3. State of Formation Connecticut		4. Brief description of the character of the business which is actually conducted in Rhode Island Mechanical, fire suppression, fabrication and plumbing contracting.			
5. Principal office address 110 Mattatuck Heights		City Waterbury	State CT Zip 06705		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gordon W. Fletcher		Contact Title Treasurer and Secretary			
Street Address 110 Mattatuck Heights		City Waterbury	State CT Zip 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 None.		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Joseph J. Reale, Jr.			Address Joseph J. Reale, Jr., Ltd.		
Address 40 Westminster Street, Suite 703			City Providence	Zip 02903	

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

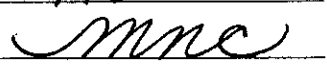
158629

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.

 4/20/09
Signature of Authorized Person Date

Robert M. Bolton

Print or Type Name of Authorized Person

File Date	10-14-09
Check No.	9181
By:	
FOR SECRETARY OF STATE USE ONLY	