



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
(401.222.3041)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(2)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|--|---|----------------|-------------|--------------|
| 1 ID No 152356 | | 2 Exact name of the limited liability company D'Oliveira Masonary, LLC | | | |
| 3 State of Formation Rhode Island | | 4 Brief description of the character of the business which is actually conducted in Rhode Island Masonry Work, Bricklayer and Construction | | | |
| 5 Principal office address 152 Wilmarth Ave | | City East Providence | | State RI | Zip 02914 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Jose E De Oliveira | | | Contact Title | | |
| Street Address 152 Wilmarth Ave | | 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) <input type="checkbox"/> | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

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

| | |
|---------------------------------|----------|
| File Date | 10-20-09 |
| Check No. | 1526 |
| By: | MMC |
| 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: Jose E De Oliveira Date: 10/13/09
Print or Type Name of Authorized Person: Jose E De Oliveira