



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. ID No.** 000113156

**2. Exact Name of the Limited Liability Company** Unlimited Rentals & Contractors L.L.C.

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RENTAL COMPANY AND CONTRACTING SERVICES

**5. Principal Office Address**

No. and Street: 986 STAFFORD ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DAVID MOREIRA Contact Title: MANAGER

No. and Street: 986 STAFFORD ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | DAVID MOREIRA                                  | 986 STAFFORD ROAD<br>TIVERTON, RI 02878- USA               |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DAVID MOREIRA 986 STAFFORD ROAD TIVERTON , RI 02878-

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

**Signed this 2 Day of December, 2009 at 8:16:37 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID MOREIRA, MANAGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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