



**A. AMPRO MONROE**, Secretary of the  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2634  
401.222.3011

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

*! 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.*

ID No. 154018		2. Exact name of the limited liability company Santos Brothers, LLC	
State of Formation LLC		4. Brief description of the character of the business which is actually conducted in Rhode Island Plumbing, Heating, wells, Water Purifier	
Principal office address 66 Maple DR		City Tiverton	State RI
		Zip 02878	
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kay Santos		Contact Title Secretary	
Street Address 66 Maple DR		City Tiverton	State RI
		Zip 02878	

OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**  
 FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Street Address			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

**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).*

**FILED**

SEP 12 2011

**By:**

CA # 2092

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 8-29-11  
Date

Rodney Santos  
Print or Type Name of Authorized Person

**STATE USE ONLY**