

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

		t name of the limited liabilty company MAS S. CAVACO & SONS, LLC				
3. State of Formation	4. Brief descrip	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND	INSTALL H	EATING & PLUMBING	&REPAIR & NEW CONSTRUCTI	0		
5. Principal office address			City	State	Zip	
155 WATERMAN AVENUE			EAST PROVIDENCE	RI	02914-	
1 4 1						
Contact Name			Contact Title	Contact Title		
THOMAS CAVACO			•	•		
Street Address			City	State	Zip	
155 WATERMAN AVENUE			.EAST PROVIDENCE	RI	02914-	
हिन्द्र <mark>स्थापन्त स्</mark> रक्षित । १५०० विशेषान्त्र रक्ष	alitika direkeli g F	an sikuri wanjahiji pikana afariji ya Majaran masaran kajaran kansa	The state of the s	San Marie Marie	the Control of Section 1995	
		, the grade of all grade				
Manager Name			• Manager Name	• Manager Name		
THOMAS CAVACO			:	•		
Street Address	,	***************************************	Street Address	• Street Address		
155 WATERMAN AVENUE			•	•		
City	State	Zip	• City	State	Zip	
EAST PROVIDENC	E RI	02914				
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	• Street Address		
			•			
City	State	Zip	City	State	Zip	
	Service State Species	e ya nga ng Talington	Kingga Tangga Kalamatan Barana	part due		
Agent Name			Address	Address		
DAVID DIPALMA,	ESQ.					
Address			City	City		
138 WARREN AVENUE			EAST PROVIDENCE	EAST PROVIDENCE 02914-		

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

1 2 7 6 1 4	FILED 0CT 1 2 2011	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,	
127614 DLLC 10/05/06 02:31:51 PM	By 54114	and that all statements contained herein are true and correct.	
File Date Check No.	OS'C	Signature of Authorized Person Date	
B _V : FOR SECRETARY OF STATE USE ONLY	_	THOMAS CAVACO Print or Type Name of Authorized Person Form 632 Rev. 12/05	