



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 2011

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

1. ID No. 139800		2. Exact name of the limited liability company Ferreira & Grimo General Contractors, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island To manage construction jobs and to build, repair, and refurbish buildings			
5. Principal office address 26 Kickemuit Ave.		City Bristol	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Tom Ferreira		Contact Title Member			
Street Address 26 Kickemuit Ave.		City Bristol	State RI	Zip 02809	
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 Tom Ferreira		Manager Name Pasqual Grimo			
Street Address 26 Kickemuit Ave.		Street Address 19 Sandy Lane			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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).

139800

FILED	
File Date	OCT 25 2011
Check No.	5450
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.

Tom Ferreira 9/19/11
Signature of Authorized Person Date

Tom Ferreira

Print or Type Name of Authorized Person