



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

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. 142038		2. Exact name of the limited liability company KARAS CONSTRUCTION CO LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL REMODELING & CONSTRUCTION			
5. Principal office address 94 TEEJAY DRIVE		City SEEKONK		State MA	Zip 02771
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID KARAS		Contact Title MANAGER			
Street Address 94 TEEJAY DRIVE		City SEEKONK		State MA	Zip 02771
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) ☐					
Manager Name DAVID KARAS		Manager Name PATRICIA KARAS			
Street Address 94 TEEJAY DRIVE		Street Address 94 TEEJAY DRIVE			
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID DIPALMA, ESQ.			Address		
Address 138 WARREN AVENUE			City EAST PROVIDENCE		Zip 02914

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

142038

FILED

NOV 10 2011

BY *[Signature]*
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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

DAVID KARAS

Print or Type Name of Authorized Person

Date

10-20-11

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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File Date

Check No.

By:

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