



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <u>126846</u>		2. Exact name of the limited liability company <u>CIPCO LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Building / Remolding</u>			
5. Principal office address <u>PO Box 8636</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02900</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Same as manager</u>			Contact Title		
Street Address			City	State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (***) (X) BOX FOR ATTACHMENT () ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <u>Christopher J. Cipriano</u>			Manager Name		
Street Address <u>PO Box 8636</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02900</u>	City	State	Zip
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. 7-16-13					
Agent Name <u>Chris Cipriano</u>			Address		
Address <u>280 Mayfield Ave</u>			City <u>Cranston RI</u>	Zip <u>02920</u>	

RECEIVED
JUN 30 3 51 PM '04
PROVIDENCE STATE

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED

JUN 30 2004

By Kmc
C 36250

File Date _____
Check No. _____
By: _____
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.

Christopher J. Cipriano 6-30-04
Signature of Authorized Person Date
Christopher J. Cipriano
Print or Type Name of Authorized Person