STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **000555098**	2. Exact name of the limited liability company **Cardinal Inspection Services, LLC**			
3. State of Formation **RI**	4. Brief description of the character of business conducted in Rhode Island **Inspection services**			
5. Principal office address **128 Bungy Road**	City **North Scituate**		State **RI**	Zip **02857**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME & TITLE OF CONTACT PERSON

Contact Name **Peter Capparrille**	Contact Title **Manager**			
Street Address **128 Bungy Road**	City **North Scituate**		State **RI**	Zip **02857**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name **Peter Capparrille**			Manager Name		
Street Address **128 Bungy Road**			Street Address		
City **North Scituate**	State **RI**	Zip **02857**	City	State	Zip
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 Form 642.

FILED

MAY 29 2012

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File Date _____	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.
Check No _____	
By: _____	_Peter Capparrille_ (signature)
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person — Date
	Peter Capparrille
	Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012