



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 **2012**

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. - 84207		2. Exact name of the limited liability company ROCCO SAMMARTINO BUILDERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Residential Home Construction			
5. Principal office address 56 Finch Lane		City North Kingstown		State RI	Zip 02874
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROCCO M. SAMMARTINO		Contact Title Managing Member			
Street Address 56 Finch Lane		City North Kingstown		State R.I.	Zip 02874
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name ROCCO M. SAMMARTINO		Manager Name LORI-JEAN SAMMARTINO			
Street Address 56 Finch Lane		Street Address 56 Finch Lane			
City North Kingstown	State R.I.	Zip 02874	City North Kingstown	State R.I.	Zip 02874
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.					

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

AUG 28 2012

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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

ROCCO M. SAMMARTINO, Managing Member

Print or Type Name of Authorized Person

8/21/12
Date