



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
1-08 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

**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. <b>158629</b>		2. Exact name of the limited liability company <b>M.J. Daly, LLC</b>			
3. State of Formation <b>Connecticut</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Mechanical, fire suppression, fabrication and plumbing contracting.</b>			
5. Principal office address <b>110 Mattatuck Heights</b>		City <b>Waterbury</b>	State <b>CT</b>	Zip <b>06705</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Gordon W. Fletcher</b>			Contact Title <b>Treasurer and Secretary</b>		
Street Address <b>110 Mattatuck Heights</b>		City <b>Waterbury</b>	State <b>CT</b>	Zip <b>06705</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>None.</b>			Manager Name		
Street Address			Street Address		
City	State	Zip	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. 7-16-11					
Agent Name <b>Joseph J. Reale, Jr.</b>			Address <b>Joseph J. Reale, Jr., Ltd.</b>		
Address <b>40 Westminster Street, Suite 703</b>		City <b>Providence</b>	Zip <b>02903</b>		

**FILED**

SEP 05 2012

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

By JMC

**158629** CL # 0872

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.

Robert M Bolton 8-20-2012  
Signature of Authorized Person Date

**Robert M. Bolton**

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>