



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 2013

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. <u>000553238</u>		2. Exact name of the limited liability company <u>MC electrical Contractor LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>electrical work, residential and commercial</u>			
5. Principal office address <u>807 Broad st, 3rd suite 316</u>		City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Miguel Dominguez</u>		Contact Title <u>Manager</u>			
Street Address <u>21 Corlton st</u>		City <u>Cronston</u>	State <u>RI</u>	Zip <u>02900</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name <u>Miguel Dominguez</u>		Manager Name			
Street Address <u>21 Corlton st</u>		Street Address			
City <u>PROV</u>	State <u>RI</u>	Zip <u>02910</u>	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.					

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 SEP 30 2013
 1287

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.
Miguel Dominguez 09/27/2013
 Signature of Authorized Person Date
Miguel Dominguez
 Print or Type Name of Authorized Person