

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 146796		2. Exact name of the limited liability company Capco Endurance, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Holding company.			
5. Principal office address 33 Acorn Street		City Providence		State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael J. Caparco, Sr.		Contact Title Chief Executive Officer			
Street Address 33 Acorn Street		City Providence		State RI	Zip 02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENT TABS OR TABS OF ATTACHMENT ☐					
Manager Name Michael J. Caparco, Sr.		Manager Name Patricia G. Caparco			
Street Address 33 Acorn Street		Street Address 33 Acorn Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name Michael J. Hullinger		Manager Name John McDonough			
Street Address 33 Acorn Street		Street Address 33 Acorn Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

FILED

NOV 18 2013

BY 312387

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.

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

Signature of Authorized Person

Date 11/14/13

Michael J. Caparco, Sr., Chief Executive Officer

Print or Type Name of Authorized Person