



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>530614</u>		2. Exact name of the limited liability company <u>R&F Building and Remodeling, LLC.</u>			
3. State of Formation <u>CT</u>		4. Brief description of the character of business conducted in Rhode Island <u>Building + Renovating Residential / Commercial</u>			
5. Principal office address <u>500 Washington Ave.</u>		City <u>North Haven</u>	State <u>CT</u>	Zip <u>06473</u>	
Contact Name <u>Rudy Fasano</u>		Contact Title <u>Owner</u>			
Street Address <u>500 Washington Ave.</u>		City <u>North Haven</u>	State <u>CT</u>	Zip <u>06473</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			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 This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAR 10 2014

BY 16582

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] 3/7/14
 Signature of Authorized Person Date

Brooke Scarfo
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By _____
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