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.	2. Exact name of the limited liability company
000130740	RA DeFusco + Son LLC

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
R.I	Fence Installation

5. Principal office address 2129 Plainfield Pike City Johnston State RI Zip 02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: Richard DeFusco   Contact Title:

Street Address: 7 George Washington Rd.   City Foster   State RI   Zip 02825

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name: Julie DeFusco	Manager Name:
Street Address: 7 George Washington Rd.	Street Address:
City: Foster State: R.I Zip: 02825	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

APR **16** 2014

By 49-222432
A.A. 1:52 p.m.

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

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.

Julie DeFusco 4/16/14
Signature of Authorized Person / Date

Julie DeFusco
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012