



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 **2014**

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.<br><b>142420</b>                                                                                                                                        |                    | 2. Exact name of the limited liability company<br><b>CARVALHO PROPERTIES, LLC</b>                             |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                             |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate management.</b> |      |                    |                     |
| 5. Principal office address<br><b>20 Scott Street</b>                                                                                                                    |                    | City<br><b>Pawtucket</b>                                                                                      |      | State<br><b>RI</b> | Zip<br><b>02860</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:</b>                                                                              |                    |                                                                                                               |      |                    |                     |
| Contact Name<br><b>Stephen J. DiGianfilippo, Esq.</b>                                                                                                                    |                    | Contact Title<br><b>Attorney</b>                                                                              |      |                    |                     |
| Street Address<br><b>50 Park Row West, Suite 111</b>                                                                                                                     |                    | City<br><b>Providence</b>                                                                                     |      | State<br><b>RI</b> | Zip<br><b>02903</b> |
| <b>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"/></b> |                    |                                                                                                               |      |                    |                     |
| Manager Name<br><b>Ramiro Carvalho</b>                                                                                                                                   |                    | Manager Name                                                                                                  |      |                    |                     |
| Street Address<br><b>20 Scott Street</b>                                                                                                                                 |                    | Street Address                                                                                                |      |                    |                     |
| City<br><b>Pawtucket</b>                                                                                                                                                 | State<br><b>RI</b> | Zip<br><b>02860</b>                                                                                           | City | State              | Zip                 |
| Manager Name                                                                                                                                                             |                    | Manager Name                                                                                                  |      |                    |                     |
| Street Address                                                                                                                                                           |                    | Street Address                                                                                                |      |                    |                     |
| City                                                                                                                                                                     | State              | Zip                                                                                                           | City | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                 |                    |                                                                                                               |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                        |                    |                                                                                                               |      |                    |                     |

**FILED** ✓

OCT 23 2014

BY Ch 234964

File Date \_\_\_\_\_  
Check No 1044  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

Ramiro Carvalho 10-15-2014  
Signature of Authorized Person Date

**Ramiro Carvalho**  
Print or Type Name of Authorized Person