



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 2016

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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. 536199 | | 2. Exact name of the limited liability company PAFCO & DAUGHTERS HANDYMAN SERVICES, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Handyman services and all other lawful purposes | |
| 5. Principal office address 38 Davis Road | | City North Scituate | State RI |
| | | | Zip 02857 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Patrick A. Fleming | | Contact Title | |
| Street Address 38 Davis Road | | City North Scituate | State RI |
| | | | Zip 02857 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name Kevin G. Dodd, Esq. | | Address | |
| Address 215 Broadway | | City Providence | Zip 02903 |

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

FILED

SEP 19 2016

By

or 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 of Authorized Person Patrick A. Fleming member Date 9-14-16

Patrick A. Fleming, Member

Print or Type Name of Authorized Person

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