



State of Rhode Island
and Providence Plantations
Department of State – Business Services 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* • **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. NAICS Code 53		
4. Brief description of the character of the business which is actually conducted in Rhode Island Holding company.				5. State of Formation Rhode Island		
6. Principal office address 33 Acorn Street		City Providence		State RI	Zip 02903	
7. 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	
8. 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 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	
9. 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						

FILED

OCT 13 2016

BY [Signature]

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

File Date _____
Check No. _____
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.

Signature of Authorized Person

Date

Michael J. Caparco, Sr., Chief Executive Officer

Print or Type Name of Authorized Person