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.	2. Exact name of the limited liability company	3. NAICS Code
789089	M.C Services & Dumpsters LLC	

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
Property preservation/construction	Rhode Island

6. Principal office address	City	State	Zip
153 Summit Street	Pawtucket	RI	02860

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

Contact Name	Contact Title
Mathew Correia	Member

Street Address	City	State	Zip
153 Summit Street	Pawtucket	RI	02860

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE - DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS. CHECK BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
		02860		

Manager Name	Street Address	City	State	Zip

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. 7-16-11Orson and Brusini Ltd.

FILED

OCT 28 2016

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). By 1480

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*

Mathew Correia, Member

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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