



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

*Amended*

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 BUS SVCS DIV

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1. Entity ID Number <b>798889</b>		2. Exact name of the Limited Liability Company <b>Plumco Group LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Exterior Home and Commercial Cleaning</b>			
5. Principal Office Address <b>45 Berwick Place</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Gregory Palumbo</b>			Contact Title <b>Owner</b>		
Street Address <b>45 Berwick Place</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Gregory Palumbo</b>			Manager Name <b>Mitchell Palumbo</b>		
Street Address <b>45 Berwick PI</b>			Street Address <b>45 Berwick PI</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Manager Name <b>Zachary Palumbo</b>			Manager Name <b>Nancy Palumbo</b>		
Street Address <b>45 Berwick PI</b>			Street Address <b>45 Berwick PI</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <i>Gregory Palumbo</i>				Date <i>11/10/2016</i>	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

**FILED**

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

