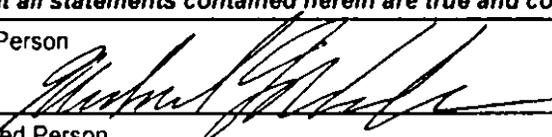




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**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.

1. Entity ID Number <b>000543929</b>		2. Exact name of the Limited Liability Company <b>Michael J. McCabe, LLC</b>			
3. NAICS Code 238350		4. Brief description of the character of business conducted in Rhode Island Finish Carpentry Contractors			
5. State of Formation MA					
6. Principal Office Address 796 Newman Avenue		City Seekonk		State MA	Zip 02771
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael J. McCabe			Contact Title Manager		
Street Address 796 Newman Avenue		City Seekonk		State MA	Zip 02771
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael J. McCabe			Manager Name		
Street Address 796 Newman Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 Michael J. McCabe 				Date 1/10/18	
Signature of Authorized Person				SIGN DOCUMENT HERE	

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

**FILED**  
 JAN 16 2018  
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