

Annual Report for the year:

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.

| 2018      | CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC<br>CC |
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| FEB       | SEE SEE  |
| 52.       | 此〈之  |
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| t<br>T    | - <  |

| Entity ID Number   | 2. Exact nam                             | 2. Exact name of the Limited Liability Company                           |                                       |                     |           |  |  |
|--|--|--|---------------------------------------|---------------------|-----------|--|--|
| 00162047   |  | Piscopio Electric LLC  |                                       |                     |           |  |  |
| 3. NAICS Code  | 4. Brief descr                           | Brief description of the character of business conducted in Rhode Island |                                       |                     |           |  |  |
| 238210   | EL                                       | Electrical Contractor  |                                       |                     |           |  |  |
| 5. State of Formation  |  |  |                                       |                     |           |  |  |
| <u>L</u> ĮĮ  |  |  | <del>,, </del>                        |                     |           |  |  |
| 6. Principal Office Address  |  |  | City                                  | State               | Zip       |  |  |
| 57 Linden  | enLane LindenLane West Greature RI 02817 |  |                                       |                     |           |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                                       |                     |           |  |  |
| Contact Name Anthony M.  | Anthony Piscopic                         |  | City West Greenwich State I Zip 02817 |                     |           |  |  |
| Street Address 57 Linden   | •  |  | City west Greanwi                     | ich State I         | Zip 02817 |  |  |
| 8. List ALL managers (names a  | and addresses)                           | of the Limited Liabi   | ility Company, IF APPLICA             | BLE - DO NOT LIST I | MEMBERS   |  |  |
| Manager Name   |  |  | Manager Name                          | Manager Name        |           |  |  |
| Street Address   |  | Street Address   |                                       |                     |           |  |  |
| City   | State                                    | Zıp  | City                                  | State               | Zıp       |  |  |
| Manager Name   |  |  | Manager Name                          |                     |           |  |  |
| Street Address   |  |  | Street Address                        |                     |           |  |  |
| City   | State                                    | Zip  | City                                  | State               | Zip       |  |  |
| Check the box to indicate an attachment  |  |  |                                       |                     |           |  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |  |  |                                       |                     |           |  |  |
| 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. |  |  |                                       |                     |           |  |  |
| Name of Authorized Person  Anthony Miscopio  Date  2/23/18  Signature of Authorized Person   |  |  |                                       |                     | 23/18     |  |  |
| Signature of Authorized Person   |  |  |                                       |                     |           |  |  |
|  | •  |  |                                       |                     |           |  |  |

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

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