



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<br><b>001661345</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>BUCCI ROOFING, LLC</b>                             |                               |                       |                     |
| 3. NAICS Code<br><b>238160</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>ROOF INSTALLATION</b> |                               |                       |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                         |                               |                       |                     |
| 6. Principal Office Address<br><b>76 DEXTER SAUNDERS ROAD</b>                                                                                                                                               |       |                                                                                                         | City<br><b>NORTH SCITUATE</b> | State<br><b>RI</b>    | Zip<br><b>02857</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                         |                               |                       |                     |
| Contact Name <b>ERIC BUCCI</b>                                                                                                                                                                              |       |                                                                                                         | Contact Title <b>MEMBER</b>   |                       |                     |
| Street Address <b>76 DEXTER SAUNDERS ROAD</b>                                                                                                                                                               |       |                                                                                                         | City <b>NORTH SCITUATE</b>    | State <b>RI</b>       | Zip <b>02857</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                         |                               |                       |                     |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |       |                                                                                                         | Manager Name <b>N/A</b>       |                       |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                         | Street Address                |                       |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                     | City                          | State                 | Zip                 |
| Manager Name <b>N/A</b>                                                                                                                                                                                     |       |                                                                                                         | Manager Name <b>N/A</b>       |                       |                     |
| 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<br><b>X</b>                                                                                                                                                                       |       |                                                                                                         |                               | Date <b>X 8/29/18</b> |                     |
| Signature of Authorized Person<br><b>X</b> <i>EC Bucci</i>                                                                                                                                                  |       |                                                                                                         |                               | SIGN DOCUMENT HERE    |                     |

**MAIL TO:****Division of Business Services**

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**FILED****AUG 30 2018**BY 1737 DS