RI SOS Filing Number: 201880615960 Date: 10/31/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

2018 OCT 31 AM 10: 25

Annual Report for the year: 2018

**Limited Liability Company** 

| RECEIVED            |  |
|---------------------|--|
| R.I. DEPT. OF STATE |  |
| BUS SYCS DIV -      |  |

| → Filing period: Septer → Filing Fee: \$50.00       | ember 1 - Novemb        |  |  | _                          |                        |  |  |
|---|-------------------------|--|--|----------------------------|------------------------|--|--|
| → Penalty: Additional                               |                         |  |  |                            |                        |  |  |
| 1. Entity ID Number 1657508                         |                         | 2. Exact name of the Limited Liability Company DiCenzo Bros. Welding, LLC            |  |                            |                        |  |  |
| 3. NAICS Code<br>238990                             | 4. Brief des<br>Welding | Brief description of the character of business conducted in Rhode Island     Welding |  |                            |                        |  |  |
| 5. State of Formation<br>Rhode Island               |                         |  |  |                            |                        |  |  |
| 6. Principal Office Addres                          | <br>3S                  |  | City   | State                      | Zip                    |  |  |
| 1 Kane Road   |                         |  | Smithfield   | RI                         | 02917                  |  |  |
| 7. Mailing Address of Lim                           |                         | iny and Name o   |  |                            |                        |  |  |
| Contact Name Vincent DiCenzo                        |                         |  | Contact Title Member                               | Contact Title Member       |                        |  |  |
| Street Address 1 Kane Road                          |                         |  | City Smithfield                                    | State RI                   | <sup>Zip</sup> 02917   |  |  |
| 8. List ALL managers (na                            | ames and addresses      | s) of the Limited  | Liability Company, IF APPLICA                      | ABLE - DO NOT LIST         | MEMBERS                |  |  |
| Manager Name  |                         |  | Manager Name                                       | Manager Name               |                        |  |  |
| Street Address                                      |                         |  | Street Address                                     | Street Address             |                        |  |  |
| City  | State                   | Zip  | City   | State                      | Zip                    |  |  |
| Manager Name  |                         |  | Manager Name                                       | Manager Name               |                        |  |  |
| Street Address                                      |                         |  | Street Address                                     | Street Address             |                        |  |  |
| City  | State                   | Zip  | City   | State                      | Žip                    |  |  |
|   |                         |  |  | Check the box to           | indicate an attachment |  |  |
| 9. Resident Agent in Rho                            | de Island, This inform  | nation is currently  | of record with the Department of S                 | tate. Changes require file | ing Form 642.          |  |  |
| Under penalty of perjur<br>statements, and that all |                         |  | examined this report, includi<br>true and correct. | ing any accompanyir        | ng schedules and       |  |  |
| Name of Authorized Pers                             | ion                     | Date 9-1   | Date 9-14-18                                       |                            |                        |  |  |

Signature of Authorized Person

Vincent DiCenzo

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

FORM 632 - Revised: 10/2017