

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company THOMAS S. CAVACO & SONS, LLC 127614 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation INSTALL HEATING & PLUMBING GREPAIR & NEW CONSTRUCTIO RHODE ISLAND State 5. Principal office address City RI EAST PROVIDENCE 02914-155 WATERMAN AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name THOMAS CAVACO Street Address City State Zip 155 WATERMAN AVENUE · EAST PROVIDENCE RI 02914-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-62 · Manager Name Manager Name THOMAS S CAVACO Street Address · Street Address 55 WATERMAN AVENUE City State Zip *City State Zio 02914 EAST PROVIDENCE Manager Name Manager Name Street Address ·Street Address Cin City State Ζф State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE Address City Ζip EAST PROVIDENCE 02914-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



127614	DLLC 10/10/05 01:27:46 PM
File Date	N1105
Check No.	5637
В <u>у:</u>	Ym:
FOR SECRE	TARY OF STATE USE ONLY

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 argurye and correct.
19 homos XI (MACO 10 21-05
Signature of Authorized Person Date
THOMAS S CAVACO

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE						_	
1. ID No. 127614		name of the limited liability company MAS S. CAVACO & SONS, LLC					
3. State of Formation	1	. Brief description of t	he character of the business	which is actually conducted in R	hode Island		
RHODE ISLAND	THERET WELDEN C. D. TOTAL C. D. TOTAL C.						
5. Principal office address				City	State		Zip
155 WATERMAN AVENUE				EAST PROVIDENCE	RI		02914-
6. MAILING ADDR Contact Name THOMAS CAVACO		LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF Contact Title	CONTACT P	ERSON:	
Street Address			-	City	State		Zip
155 WATERMAN	155 WATERMAN AVENUE			EAST PROVIDENCE	RI		02914-
Manager Name		FILL IN SPACES	BEFORE USING ATTAC INAGERS REQUIRES FII	ED LIABILITY COMPANIMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G • Manager Name	ATTACHMENT)		
THOMAS S CAVACO				•			
Street Address				· Street Address			
55 WATERMAN AV	Æ			•			
City		late	1 '	*City	State		Zip
EAST PROVIDENC	E	RI	02914	· •			
Manager Name				Manager Name	• • • • • •	• • • • •	•••••
Street Address				·Street Address			
City	2	tate	Zip	City	State		Zip
8. RESIDENT AGEN Agent Name	T IN RHO	DDE ISLAND -DO	NOT ALTER- Changes	· . require filing of Form Address	1 1 642 - R.I.G.L	. 7-16-11	! . .
DAVID DIPALMA, ESQ.				138 WARREN AVENUE			
Address				City	Zip		
				EAST PROVIDENCE		02914-	
						·	

This report must be signed in ink by an authorized person pursuant to 7-16-66.

04

Under penalty of perjury, Lectare and affirm that I have examined
this report, including appraccompanying schedules and statements,
and that all statements compained herein are and correct.
 Monso Staule 10-15-04
Signoture of Nuthorized Person Date
 THOMAS S CAVACO
Point or Tong Name of Authorized House



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. 127614 THOMAS S. CAVACO & SONS, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation INSTALL HEATING + Plumbing - REPAIR & NEW CONSTRUCTION RHODE ISLAND 5. Principal office address EAST PROVIDENCE RI 155 WATERMAN AVENUE 02914-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name THOMAS S. CAVACO .MEMBER/MANAGER Street Address State Zip 155 WATERMAN AVE .EAST PROVIDENCE RI 02914 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name THOMAS S. CAVACO Street Address Street Address 155 WATERMAN AVE State City State City Zip Zip EAST PROVIDENCE RI 02914 Manager Name Manager Name Street Address ·Street Address City State City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DAVID DIPALMA, ESQ. 138 WARREN AVENUE Address City Zip EAST PROVIDENCE 02914-FILED NOV 07 2003 This report must be signed in ink by an authorized person pursuant to 7-16-66.

127614 DLLC 09/23/03 01:33:56 PM File Date__ Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, inclyding any accompanying acticules and statements, and that all statements contained acrein are true and correct.

Signature of Authorized Person

THOMAS S. CAVAÇO