STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. ID No.	2. Exact name of the limited liability company
127614	THOMAS S. CAVACO & SONS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INSTALL HEATING & PLUMBING &REPAIR & NEW CONSTRUCTIO

5. Principal office address	City	State	Zip
155 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
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	Street Address	City	State	Zip
THOMAS S CAVACO	55 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
DAVID DIPALMA, ESQ.	138 WARREN AVENUE	EAST PROVIDENCE	02914-

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

[redacted] 1 2 7 6 1 4

127614 DLLC 10/10/05 01:27:46 PM

File Date 10/21/05

Check No. 5637

By: KMC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Authorized Person *Date* 10-21-05

[redacted] THOMAS S CAVACO

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liability company*
127614	THOMAS S. CAVACO & SONS, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	INSTALL HEATING & PLUMBING &REPAIR & NEW CONSTRUCTIO

5. Principal office address	*City*	*State*	*Zip*
155 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
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) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
THOMAS S CAVACO	55 WATERMAN AVE	EAST PROVIDENCE	RI	02914

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*
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.

[redacted] 1 2 7 6 1 4 [redacted]

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.

Signature of Authorized Person *Date* 10-15-04

[redacted] THOMAS S CAVACO
Print or Type Name of Authorized Person

127614 DLLC 09/14/04 12:13:57 PM
File Date 11/4/04
Check No. 5958
By: LD
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. ID No.	2. Exact name of the limited liabilty company
127614	THOMAS S. CAVACO & SONS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INSTALL HEATING + PLUMBING - REPAIR + NEW CONSTRUCTION

5. Principal office address	City	State	Zip
155 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
THOMAS S. CAVACO	MEMBER/MANAGER

Street Address	City	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	Street Address	City	State	Zip
THOMAS S. CAVACO	155 WATERMAN AVE	EAST PROVIDENCE	RI	02914

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
DAVID DIPALMA, ESQ.	138 WARREN AVENUE	EAST PROVIDENCE	02914-

FILED
NOV 07 2003
By [illegible]
C11336

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

[redacted] 1 2 7 6 1 4 [redacted]

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.

[redacted] 10-9-03
Signature of Authorized Person *Date*

[redacted] THOMAS S. CAVACO
Print or Type Name of Authorized Person

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

Form 632 Rev. 6/02