

FILED STAMP OCT 17 2019 52 : CO100

innual Report for the year:	2019
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.

Entity ID Number	2. Exact nan	2. Exact name of the Limited Liability Company					
130369	MASTROCI	MASTROCINQUE + Sons - Flymbing + Heating /					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
238220	PLUMBING	PLUMBING CONTRACTING BUSINESS					
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zıp		
210 FAIRVIEW AVENUE			PORTSMOUTH	RI	02871		
7 Mailing Address of Limited	Liability Compan	y and Name or Tit					
Contact Name PETER A. MASTROCINQUE, JR.			Contact Title MANAGER				
Street Address 210 FAIRVIEW AVENUE			City PORTSMOUTH	State RI	<sup>Zip</sup> 02871		
8. List ALL managers (name	s and addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS		
Manager Name PETER A MASTROCINQUE, JR		Manager Name					
Street Address 210 FAIRVIEW AVENUE		Street Address					
City PORTSMOUTH	State RI	<sup>Zip</sup> 02871	City	State	Zip		
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 I	sland. This informa	ation is currently of ri	ecord with the Department of State	. Changes require filir	ng Form 642		
Under penalty of perjury, I statements, and that all sta			amined this report, including se and correct.	any accompanyin	g schedules and		
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date	, ,		
DAVID F FOX				10	14/19		
Signature of Authorized Pers	on	CICN D					
( david f. to	$\mathcal{X}$	SIGN DO	OCUMENT 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