



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. 130740		2. Exact name of the limited liability company R.A. DEFUSCO & SON, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FENCE INSTALLATION	
5. Principal office address 15 Green Hill Rd.		City Johnston	State R.I.
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard DeFusco		Contact Title President	
Street Address 7 George Washington Rd.		City Foster	State R.I.
		Zip 02825	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Julie DeFusco		Manager Name	
Street Address 7 George Washington Rd.		Street Address	
City Foster	State R.I.	City	State
Zip 02825		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 RICHARD A. DEFUSCO, SR.		Address	
Address 7 GEORGE WASHINGTON ROAD		City FOSTER	Zip 02825

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



File Date	11/16/05	*130740*
Check No.	143	
By:	MN	
FOR SECRETARY 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 are true and correct.

Signature of Authorized Person: Julie DeFusco Date: 10/10/05
Print or Type Name of Authorized Person: Julie DeFusco Manager



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		Zip 02919	
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* 1 3 0 7 4 0 *

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.

File Date 6-16-05
Check No. 5173
By: 2

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person Julie DeFusco Date 11/12/04
Print or Type Name of Authorized Person Julie DeFusco