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
130369	MASTROCINQUE & SONS PLUMBING & HEATING, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	

5. Principal office address	City	State	Zip
210 Fairview Lane	Portsmouth	RI	02871

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

Contact Name	Contact Title
Peter A. Mastrocinque, Jr.	Manager

Street Address	City	State	Zip
210 Fairview Lane	Portsmouth	RI	02871

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
Peter A. Mastrocinque, Jr.	210 Fairview Lane	Portsmouth	RI	02871

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 F. FOX, ESQ.	850 AQUIDNECK AVENUE, SUITE B-11	MIDDLETOWN	02842-

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

[redacted] [redacted]

File Date 9/30/05 *130369*

Check No. 1534

By: CL

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* 9/23/05

Peter A. Mastrocinque, Jr.

Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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

* 1 3 0 3 6 9 *

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.

Peter A. Mastrocinque, Jr. 10/27/04
Signature of Authorized Person *Date*

Peter A. Mastrocinque, Jr.
Print or Type Name of Authorized Person

File Date 11/1/04
Check No. 1339
By: DM

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03