



State of Rhode Island

Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2020

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.

SEP 30 2020

BY

1. Entity ID Number 000789970		2. Exact name of the Limited Liability Company DEMCO LLC			
3. NAICS Code 561990-484110		4. Brief description of the character of business conducted in Rhode Island SUB-CONTRACTOR			
5. State of Formation RI					
6. Principal Office Address 208 LEXINGTON AVE			City NORTH PROVIDENCE	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DOROTHY L SILVA			Contact Title PRESIDENT		
Street Address 208 LEXINGTON AVE			City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input checked="" type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person DOROTHY L SILVA				Date 9.28.20	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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