



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

FILED

SEP 30 2020

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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.

|                                                                                                                                                                                                      |       |                                                                                                                                         |                        |                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|--------------|
| 1. Entity ID Number<br>153647                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>Contractor & Equipment Resources, LLC                                                 |                        |                    |              |
| 3. NAICS Code<br>532120                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>to own, operate, manage and rent equipment and machinery |                        |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                                                                         |                        |                    |              |
| 6. Principal Office Address<br>40 Byron Randall Road                                                                                                                                                 |       |                                                                                                                                         | City<br>North Scituate | State<br>RI        | Zip<br>02857 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                                         |                        |                    |              |
| Contact Name<br>John Dell'Oro                                                                                                                                                                        |       |                                                                                                                                         | Contact Title          |                    |              |
| Street Address<br>40 Byron Randall Road                                                                                                                                                              |       |                                                                                                                                         | City<br>North Scituate | State<br>RI        | Zip<br>02857 |
| 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 type="checkbox"/>                                                                                                                                     |       |                                                                                                                                         |                        |                    |              |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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<br>John Dell'Oro                                                                                                                                                           |       |                                                                                                                                         |                        | Date<br>9-23-2020  |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                                                         |                        | SIGN DOCUMENT HERE |              |

## MAIL TO:

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