

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020

FILEU SEP 3 0 2020

0

Annual Report for the year: _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.

| 4. Estitu ID Number | 2 Event no | me of the Limite | d Liability Company | | | |
|---|-----------------------|---|---------------------------------------|------------------|------------------------|--|
| 1. Entity ID Number | t | Exact name of the Limited Liability Company Contractor & Equipment Resources, LLC | | | | |
| 153647 | | | | | | |
| 3. NAICS Code | 1 | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 532120 | to own, op | to own, operate, manage and rent equipment and machinery | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | 1 | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 40 Byron Randall Road | | | North Scituate | RI | 02857 | |
| 7. Mailing Address of Limite | ed Liability Compa | ny and Name or | Title of Contact Person | | | |
| Contact Name John Dell'Oro | | | Contact Title | | | |
| Street Address 40 Byron Randall Road | | | City North Scituate | State RI | ^{Zip} 02857 | |
| 8. List ALL managers (nam | nes and addresses | s) of the Limited | Liability Company, IF APPLICABI | LE - 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 | |
| <u> </u> | | | | Check the box to | indicate an attachment | |
| 9 Resident Agent in Rhod | le Island. This infor | mation is currently | of record with the Department of Stat | | | |
| Under penalty of periury | , i declare and af | firm that I have | examined this report, including | g any accompanyi | ng schedules and | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | | Date | | |
| John Dell'Oro | | | | 9. | 23.2020 | |
| Signature of Authorized Po | erson | M GION | COONMENT WERE | | | |
| Ì | 5 | Dr. | | | | |
| <u> </u> | | 7 | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov