



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 20 2020 STAMP

BY

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 000543929		2. Exact name of the Limited Liability Company Michael J. McCabe, LLC	
3. NAICS Code 238350		4. Brief description of the character of business conducted in Rhode Island Finish carpentry contractors	
5. State of Formation MA			
6. Principal Office Address 796 Newman Avenue		City Seekonk	State MA Zip 02771
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael J. McCabe		Contact Title Manager	
Street Address 796 Newman Avenue		City Seekonk	State MA Zip 02771
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. 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 Michael J. McCabe		Date 10/13/20	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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