Office of the S Division Of I 148 W. Providence	Rhode Island Fee: \$50 Secretary of State Business Services
HOPE 148 W. Providence (401)	
Providence (401)	D'ann Church
(401)	
TUPE	RI 02904-2615
imited Liability Company	222-3040
Annual Report Siling Period: September 1 - November 1	
n accordance with R.I.G.L. 7-16-66(d), each limited liab o file its annual report within thirty (30) days after the tin 6-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2020	
1. ID No. <u>000147362</u>	
2. Exact Name of the Limited Liability Company A	APCO, LLC
3. State of Formation	
State: <u>RI</u>	
ARTIC	
Enter the six digit NAICS Code that best describes the the list of codes here. More information on NAICS can b	
238210	
4. Brief Description of the Character of the Busines	s Which is Actually Conducted in Rhode Island
ELECTRICAL CONTRACTOR	
ELECTRICAL CONTRACTOR 5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address No. and Street: <u>3 VIOLET STREET</u>	State: RI Zip: 02919 Country: USA
5. Principal Office Address No. and Street: <u>3 VIOLET STREET</u>	
5. Principal Office Address 5. Orincipal Office Address No. and Street: <u>3 VIOLET STREET</u> City or Town: <u>JOHNSTON</u> 6. Mailing Address of Limited Liability Company ar	
5. Principal Office Address No. and Street: <u>3 VIOLET STREET</u> City or Town: <u>JOHNSTON</u> 6. Mailing Address of Limited Liability Company ar Contact Name: Contact Title:	
5. Principal Office Address No. and Street: <u>3 VIOLET STREET</u> City or Town: <u>JOHNSTON</u> 6. Mailing Address of Limited Liability Company ar Contact Name: Contact Title: No. and Street: <u>3 VIOLET STREET</u>	
5. Principal Office Address No. and Street: <u>3 VIOLET STREET</u> City or Town: <u>JOHNSTON</u> 6. Mailing Address of Limited Liability Company ar Contact Name: Contact Title: No. and Street: <u>3 VIOLET STREET</u>	nd Name or Title of Contact Person: State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>
5. Principal Office Address No. and Street: 3 VIOLET STREET City or Town: JOHNSTON 6. Mailing Address of Limited Liability Company ar Contact Name: Contact Title: No. and Street: 3 VIOLET STREET City or Town: JOHNSTON Sond Street: 3 VIOLET STREET City or Town: JOHNSTON 7. Name and Address of Each Manager of the Limited Lim	nd Name or Title of Contact Person: State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID J. MARRAPESE <u>3 VIOLET STREET</u> JOHNSTON , <u>RI</u> 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of October, 2020 at 9:19:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID J MARRAPESE

Signature of Authorized Person

Form No. 632 Revised 09/07

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