



State of Rhode Island  
**Department of State - Business Services Division**

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 2021 OCT 21 10:08 AM

**Annual Report for the year: 2021**  
**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.

OCT 21 2021

BY: A 4247

1. Entity ID Number <b>000104113</b>		2. Exact name of the Limited Liability Company <b>THE FIVE C'S, LLC</b>			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 93 BENTLEY ST		City EAST PROVIDENCE	State RI	Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL R CAVACO		Contact Title MEMBER			
Street Address 137 BOURNE AVE		City EAST PROVIDENCE	State RI	Zip 02914	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JOSEPH CAVACO		Manager Name MICHAEL R CAVACO			
Street Address 5 THIRD ST		Street Address 137 BOURNE AVE			
City BARRINGTON	State RI	Zip 02806	City EAST PROVIDENCE	State RI	Zip 02914
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.					
<b>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.</b>					
Name of Authorized Person MICHAEL R CAVACO				Date 10-1-21	
Signature of Authorized Person 				Date 10-1-21	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov