State of Rhode Island
Department of State - Business Services Division

OCT 29 2021
BY 3314

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.

1. Entity ID Number **920062**	2. Exact name of the Limited Liability Company **CARDOSO ENTERPRISE, LLC**
3. NAICS Code 531120	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE
5. State of Formation Rhode Island	

6. Principal Office Address	City	State	Zip
12 Edgemont Avenue	Cumberland	RI	02864

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ADELINO A. CARDOSO	MANAGER		
Street Address: 12 Edgemont Avenue	City: Cumberland	State: RI	Zip: 02864

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: Adelino A. Cardoso			Manager Name		
Street Address: Same			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 ☐

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 ADELINO A. CARDOSO, Manager	Date 10-18-2021
Signature of Authorized Person Adelino A. Cardoso	

MAIL TO:
Division of Business Services
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