



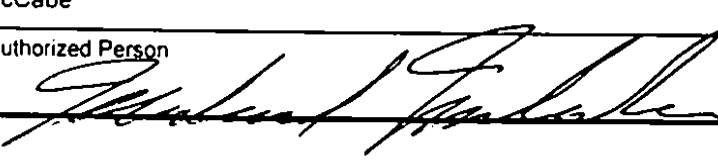
State of Rhode Island
Department of State - Business Services Division

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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 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	
Signature of Authorized Person 				Date 10/28/21	

MAIL TO:

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

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