



State of Rhode Island

## Department of State - Business Services Division

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2021 NOV 23 P 12:13

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<br><b>1671841</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>CAIRO BUILDERS, LLC</b>                                           |                                |                           |                     |
| 3. NAICS Code<br><b>236115</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>CONSTRUCTION - BUILDING OF HOMES</b> |                                |                           |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                         |       |                                                                                                                        |                                |                           |                     |
| 6. Principal Office Address<br><b>17 SURREY DRIVE</b>                                                                                                                                                |       | City<br><b>JOHNSTON</b>                                                                                                |                                | State<br><b>RI</b>        | Zip<br><b>02919</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                        |                                |                           |                     |
| Contact Name<br><b>JOHN CAIRO</b>                                                                                                                                                                    |       |                                                                                                                        | Contact Title<br><b>MEMBER</b> |                           |                     |
| Street Address<br><b>17 SURREY DRIVE</b>                                                                                                                                                             |       | City<br><b>JOHNSTON</b>                                                                                                |                                | State<br><b>RI</b>        | Zip<br><b>02919</b> |
| 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<br><b>JOHN CAIRO, MEMBER</b> <i>John Cairo, Member</i>                                                                                                                     |       |                                                                                                                        |                                | Date<br><b>11/16/2021</b> |                     |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                                                                        |                                |                           |                     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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BY *On CA# 918**12:13*

FORM 632 - Revised: 08/2020