



State of Rhode Island

Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 DEC -2 PM 3:25

1. Entity ID Number 001687015		2. Exact name of the Limited Liability Company CAONA CONTRACTORS LLC			
3. NAICS Code 236118		4. Brief description of the character of business conducted in Rhode Island HOME REMODELING AND GENERAL REPAIRS			
5. State of Formation RI					
6. Principal Office Address 934 NARRAGANSETT BOULEVARD			City PROVIDENCE	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOEL ROSARIO			Contact Title MEMBER		
Street Address 934 NARRAGANSETT BOULEVARD			City PROVIDENCE	State RI	Zip 02905
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 ☐					
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 JOEL ROSARIO				Date 12/02/2021	
Signature of Authorized Person <i>Joel Rosario</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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