State of Rhode Island
Department of State - Business Services Division

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

Annual Report for the year: 2019
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 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 Joel Rosario			

12/02/2021

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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BY SP035
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