

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 96784	2. Exact name of the Limited Liability Company CAPARCO, LLC 4. Brief description of the character of business conducted in Rhode Island FUNERAL SERVICES.				
3. NAICS Code 812210 5 State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
822 MAIN STREET		EAST GREENWICH	RI	02818	
	Liability Company and Name or	Title of Contact Person			
Contact Name BETSY M. HARRIS		Contact Title MEMBER			
Street Address 822 MAIN STREET		City E GREENWICH	State RI	^{Zip} 02818	
8. The Resident Agent informa	ation currently of record with the	RI Department of State is accurate	Changes require	= I e filing Form 642.	
Under penalty of perjury, statements, and that all state	l declare and affirm that I have ements contained herein are t	e examined this report including a	пу ассотрапу	ing schedules and	
Name of Authorized Person BETSY M. HARRIS, MEMBER			Date 2/39/3004		
Signature of Authorized Perso	tains				

MAIL TO:

Division of Business Services

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