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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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 000552177	2. Exact name of the Limited Liability Company HCA Pre Cut Systems, LLC				
3. NAICS Code 236118	Brief description of the character of business conducted in Rhode Island Construction/contractor.				
5. State of Formation					
6. Principal Office Address 277A Allston Avenue		City Middletown	State RI	Zip 02842	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Henry A. Cassese, III		Contact Title Manager			
Street Address 277A Allston Avenue		City Middletown	State RI	Zip 02842	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is acc	urate. Changes requ	rire filing Form 642	
Under penalty of perjury, statements, and that all s	l declare and affirm that I hav latements contained herein a	re examined this report, including true and correct.	ng any accompany	ing schedules and	
Name of Authorized Person			Date		
Henry A. Cassese			1-24-2025		
Signature of Authorized Per					
<i>></i> ⊳	Lenry a. Casa	weth			
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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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