

**FILED** 

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.

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1. Entity ID Number	2 Event name of the Limit	and Linkillih, Company	×				
•		2. Exact name of the Limited Liability Company					
920062	CARDOSO ENT	CARDOSO ENTERPRISE, LLC					
3. NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island					
531120	REAL ESTATE						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address		City	State	Zîp			
12 Edgemont Avenue	•	Cumberland	RI	02864			
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person	•				
ADELINO A. CARDOSO		Contact Title MANAGER					
Street Address 12 Edgemont Avenue		City Cumberland	State RI	<sup>Zip</sup> 02864			
8. The Resident Agent inform	mation currently of record with th	ne RI Department of State is accura	ite. Changes requir	e filing Form 642.			
	y, I declare and affirm that I ha atements contained herein are	ve examined this report, includir e true and correct.	ng any accompany	ring schedules and			
Name of Authorized Person			Date	Date			
ADELINO A. CARDOSO, MANAGER			1-30-26				
Signature of Authorized Pen	son A- Parlo	<b>2</b>		<del></del>			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov