



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 08158		2. Exact name of the limited liability company DELLI ELECTRIC & TELECOMMUNICATIONS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island ELECTRICAL WORK			
5. Principal office address 21 LORI DRIVE NORTH PROV.		City NORTH PROV.	State R.I.	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PASQUALE DELLI CARPINI			Contact Title MANAGER		
Street Address 21 LORI DRIVE		City NORTH PROVIDENCE	State R.I.	Zip 02911	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name PASQUALE DELLI CARPINI			Manager Name		
Street Address 21 LORI DRIVE			Street Address		
City NORTH PROV.	State R.I.	Zip 02911	City	State	Zip
Manager Name <del>PASQUALE DELLI CARPINI</del>			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PASQUALE DELLI CARPINI			Address		
Address 21 LORI DRIVE		City NORTH PROV.	Zip 02911		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date 5-22-09  
Check No. 2144  
By: MMC  
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: Pasquale Delli Carpin Date: 5/22/09  
Print or Type Name of Authorized Person: PASQUALE DELLI CARPINI