

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 2007

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. 10 No. 136073 10 B H Builders LLC. 1. 10 D | (1 | | | | | | | | | |
|--|---|----------------|---|-------------------------------|----------------|---------------------------|---------------------|---------|-------|--|
| Asher of Formation RHODE ISLAND S. Principal office address 2.72 Norton St 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Title Manager Manager Street Address 2.72 Norton St City Fast Providence RI 0.2915 5. MARKE AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND NAME RHOLD Garcia Street Address 2.72 Norton St City Fast Providence RI 0.2915 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND MANAGER OF THE LIMITED LIABILITY OF CONTACT PERSON: City Fast Providence RI 0.2915 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY OF CONTACT PERSON: City State City State 2.72 Norton St City State 2.74 City State 2.74 City State 2.74 City State 2.74 State 2.75 City State 2.75 State 2.75 Address City State 2.75 Address City State 2.75 Address City State 2.75 Address City State 2.75 City State 2.75 City State 2.75 City State 2.75 Address City Zip 2.75 Address City Zip 2.75 City Zip | 1. ID No. | 2. Exact | Exact name of the limited liability company | | | | | | | |
| RHODE ISLAND S. Principal office address 222 Norton St S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON. Contact Title Manager Street Address 222 Norton St. Street Address 222 Norton St City East Providence RI O2915 Manager Name Harold Garcia Manager Name Harold Garcia Street Address Street Address 222 Norton St City State City State City State City State City State Street Address Street Address Street Address Street Address Street Address Street Address City State Address City State Address City State City State City State City State City State City State Zip City State Zip Address City State Zip City State Zip City State Zip City State Zip Address City State Zip City State Zip City State Zip Address City State Zip City State City Zip City Zip Zip City State City Zip City State City Zip Zip Zip Zip Zip Zip Zip Zi | 136073 | D&H | Hamilders LLC. | | | | | | | |
| 5. Principal office address 222 Norton St 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name H arold Garcia Manager Name Harold Garcia Manager Name Harold Garcia Manager Name Harold Garcia Manager Name Harold Garcia Street Address 222 Norton St State 220 220 220 220 220 220 220 2 | 3. State of Formation | | | character of the business whi | ch is actually | conducted in Rhode Island | i | | | |
| 222 Norton St 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT THE CONTACT PERSON CONTACT THE MANAGER CONTACT THE M | RHODE ISLAND | | CONSTRUCTION | | | | | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Tale H avoid Gourcia Street Address 222 Norton St. Fast Providence RI 02915 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IT APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BETORE USING ATTACHIENTS Manager Name Harold Gourca Street Address 222 Norton St City State Zip City State Zip Manager Name Manager Name Manager Name Street Address Street Address Street Address Street Address City State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Ports 642 L.G.L. 7-16-11 Address Address Zip Zip Zip Zip Zip Zip Zip Z | | | | | | | State | | | |
| Contact Name Harold Garcia Street Address 272 Norton St. Fast Providence RI 02915 7. Name and address of Each Manager of the limited labelity consumption of the manager Name Manager Name Harold Garcia Street Address 227 Norton St City State Zip Manager Name | 222 Norton St | | | | East f | Providence | RI | - | 02915 | |
| Harold Garcia Street Address 272 Norton St. East Providence RI 02915 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LABBITY COMPANY, IT APPLICATE DO NOT LIST MEMBERS MANAGER NAME Harold Garcia Street Address 222 Norton St City State Zip City State Zip Manager Name Manager Name Manager Name Manager Name Street Address Street Address Street Address City State Zip City State Zip Manager Name City State Zip City State Zip Address Address City State Zip Address Address City Zip Zip Zip Zip Zip Zip Zip Zip | | SS OF L | MITED LIABILITY | OMPANY AND NAME | or title | OF CONTACT PERS | ON | • | * | |
| 222 Norton St. **RAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LABILITY CONGAST, IT APPLICABLE. DO NOT LIST MEMBERS **FILL IN SPACES EFFORE USING ATTACHMENTS** **Manager Name** **Manager Name** **Manager Name** **Manager Name** **Manager Name** **Manager Name** **Street Address** 222 Norton St. **City** **State** 2ip** **City** **State** 2ip** **Manager Name** **Street Address** **City** **State** 2ip** **Manager Name** **Manager Nam | | | | | • | | | | | |
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| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY & APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES DEFORE USINS ATTACHMENTS (2° BOX FOR ATTACHMENT) Manager Name Harold Gascaa Street Address 222 Norton St City State Zip O 2915 Manager Name Manager Name Manager Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip Address City State Zip City State Zip City State Zip Address City State Zip City State Zip Address City Zip Zip Zip Zip Zip Zip Zip Zi | Street Address | | | | | a 1 | | | | |
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| City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 L.G.L. 16-11 Agent Name HAROLD GARCIA Address City Zip 222 NORTON STREET | | | | | Manager Name | | | | | |
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| Agent Name HAROLD GARCIA Address City Zip | O MACIONIM CONTR | | | | _ · (mic | An area of the second | Bac. 1 1 . new Coe. | 964-18: | | |
| HAROLD GARCIA Address City Zip | | | | | | | | | | |
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| | 222 NURIUN SIREEI | | | | EAST PRO | EAST PROVIDENCE 02914- | | | | |

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 affincluding any accompanying schedules are contained herein are true and correct. | |
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| Hand (can | 8-28-07 |
| Signature of Authorized Person | Date |
| Harold Garcia | |
| Print or Type Name of Authorized Person | |