

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

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

In accordance with R.I.G. (R.I.G.L. 7-16-66 (b&c)) i	L. 7-16-66 (d), each lim s subject to a penalty fed	ited liability company failing e of \$25.00,	or refusing to file its annual report	within thirty (30) days after the	time prescribed by law		
1. ID No.	2. Exact name of the lin	ct name of the limited liability company					
154058	American Pride Co	ican Pride Construction L.L.C.					
3. State of Formation	4. Brief descri	otion of the character of the bu	siness which is actually conducted in	Rhode Island			
RHODE ISLAND	<u> </u>	dential w	id Commercia	و			
Principal office address			City	State	Zip		
	sburger		1 Coventi	L BI	02816		
6. MAILING ADDRES Contact Name	S OF LIMITED LIA	BILITY COMPANY AND	NAME OF TITLE OF CONTE	T PERSON:	•		
Robert Durocher			Contact Title	Single menber			
Street Address			City	State	Zip		
_	nburger	and the second control of the second control	Coverting	RI	21860		
7. NAME AND ADDE	ess of each man fill in	AGER OF THE LIMITE	D LLABIENTY CONSIDER ("X" BOS	PRESENTE - DO NOT I	IST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	·······		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name ROBERT DUROCHER	' IN RHODE ISLANI	D - DO NOT ALTER - CI	hanges require filing of For Address	m 642 - R.I.G.L. 7-16-11	!		
Address 116 HAMBURGER ROAD			City COVENTRY	<i>Ζψ</i> 02816-			

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

	FILED	
File Date	SEP 0 6 2007	
Check No By:	By 473	

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.

Durocher Print or Type Name of Authorized Person