RI SOS Filing Number: 200701223630 Date: 09/21/2007 4:00 PM

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 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. ID No.	2. Exact name of the limited liability company
136803	Grey Wolf Construction, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Connecticut	Construction

5. Principal office address	City	State	Zip
24 Route 2	Preston	Connecticut	06365

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Timothy Bartha	

Street Address	City	State	Zip
24 Route 2	Preston	Connecticut	06365

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
None	
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 IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Michael P. Lynch, Esq.		
Address	City	Zip
117 HIGH STREET	Westerly	02891

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

136803

FILED
File Date SEP 21 2007
Check No.
By: By

FOR SECRETARY OF STATE USE ONLY

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.

9-14-07
Signature of Authorized Person *Date*

TIMOTHY BARTHA
Print or Type Name of Authorized Person

14525-1-185393

Form 632 Rev. 07/07