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
129524	**F. Pizzo Trucking, LLC.**

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	**CONSTUCTION TRUCKING**

5. Principal office address: *90 LIBERA Street, Suite 10* City *CRANSTON* State *RI* Zip *02920-2500*

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

Contact Name *FRANK PIZZO*   Contact Title *SOLE MEMBER*

Street Address *90 LIBERA Street, Suite 10* City *CRANSTON* State *RI* Zip *02920-2500*

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		
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
FRANK PIZZO	

Address	City	Zip
90 LIBERA STREET	**CRANSTON**	**02920-**

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

FILED

File Date ___**SEP 26 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.

Signature of Authorized Person _____ Title

FRANK PIZZO
Print or Type Name of Authorized Person

Form 632 Rev. 07/07