



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

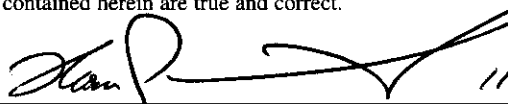
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. 138382		2. Exact name of the limited liability company Intercounty Paving Associates, L.L.C.	
3. State of Formation NEW JERSEY		4. Brief description of the character of the business which is actually conducted in Rhode Island CURED IN PLACE PIPE LINING	
5. Principal office address 859 Willow Grove St.		City Hackettstown	State NJ
		Zip 07840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas Perrinello		Contact Title CFO	
Street Address 859 Willow Grove St.		City Hackettstown	State NJ
		Zip 07840	
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) <input type="checkbox"/>			
Manager Name Carl Lizza		Manager Name John Lizza	
Street Address 859 Willow Grove St.		Street Address 859 Willow Grove St.	
City Hackettstown	State NJ	City Hackettstown	State NJ
Zip 07840		Zip 07840	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888-

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.


Signature of Authorized Person Date **11/6/07**
Thomas Perrinello
Print or Type Name of Authorized Person

FILED	
File Date	NOV 13 2007
Check No.	
By	26/9
FOR SECRETARY OF STATE USE ONLY	