



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, 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

1. ID No. 145004		2. Exact name of the limited liability company P. Faria Excavating, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island to acquire, own, hold, improve, manage & operate real property and any and all lawful business thereto	
5. Principal office address 56 Metacomet Avenue		City Rumford	State RI
		Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul Faria		Contact Title Member	
Street Address 56 Metacomet Avenue		City Rumford	State RI
		Zip 02916	
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"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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 Kenneth J. Rampino, Esq.		Address Suite 104	
Address 615 Jefferson Boulevard		City Warwick	Zip 02886

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

145004

File Date	12-20-07
Check No.	29772
By:	<i>MNC</i>
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.

Paul J 11-29-07
Signature of Authorized Person Date
Paul Faria, Member
Print or Type Name of Authorized Person