



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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. <b>142934</b>		2. Exact name of the limited liability company <b>D.B. Builders, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Building construction and any other reasonable and related business activity</b>	
5. Principal office address <b>23 Washington Street</b>		City <b>Jamestown</b>	State <b>Rhode Island</b>
		Zip <b>02835</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>David Brayman</b>		Contact Title <b>Owner</b>	
Street Address <b>23 Washington Street</b>		City <b>Jamestown</b>	State <b>Rhode Island</b>
		Zip <b>02835</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BELOW 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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>RAYMOND HARRISON, ESQ.</b>		Address	
Address <b>33 COLLEGE HILL ROAD</b>		City <b>WARWICK</b>	Zip <b>02886</b>

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



\* 1 4 2 9 3 4 \*

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.

File Date: 12-20-07  
Check No.: 4877  
By: mnc

FOR SECRETARY OF STATE USE ONLY

[Signature] 11/2/07  
Signature of Authorized Person Date  
**David Brayman**  
Print or Type Name of Authorized Person