



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. 139648 | | 2. Exact name of the limited liability company LYCA construction LLC. | |
| 3. State of Formation R.I. | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION | |
| 5. Principal office address P.O. Box 180 | | City Foster | State RI |
| | | Zip 02825 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Filomena Johnston | | Contact Title owner | |
| Street Address 16 Spur Road | | City Foster | State R.I. |
| | | Zip 02825 | |
| 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 Filomena Johnston | | Manager Name | |
| Street Address 16 Spur Road | | Street Address Foster | |
| City Foster | State RI | City | State |
| Zip 02825 | | Zip | |
| 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 | | Address | |
| Address | | City | Zip |

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.

Filomena Johnston 3/17/08
Signature of Authorized Person Date

Print or Type Name of Authorized Person

| | |
|---------------------------------|--------------------|
| File Date | FILE |
| Check No. | MAR 17 2008 |
| By: | By 52837 |
| FOR SECRETARY OF STATE USE ONLY | |