



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Amended

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. 154524		2. Exact name of the limited liability company MARTINEZ ENTERPRISES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL CONTRACTING SVCS, DEMOLITION, ROOFING, SMALL CONSTRUCTION, CONST CLEANUPS			
5. Principal office address 233 ORMS STREET		City PROVIDENCE	State RHODE ISLAND	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GILMAR AGUILAR		Contact Title OWNER			
Street Address 34 LINWOOD DRIVE		City JOHNSTON	State RHODE ISLAND	Zip 02919	
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		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 GILMAR AGUILAR		Address			
Address 34 LINWOOD DRIVE		City JOHNSTON	Zip 02919		

RECEIVED
 SECRETARY OF STATE
 JUN 12 AM 11:10

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

154524

FILED	
File Date	JUN 13 2008
Check No.	
By	By AMF 11/10
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: *[Signature]* Date: 06/10/08

Print or Type Name of Authorized Person