RALPH MOIL	State of Rhode Is Office of	sland and Prov of the Secretary		tions Fee: \$50.00
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040				
Limited Liability Annual Report Filing Period: Septen				
file its annual report v	R.I.G.L. 7-16-66(d), each lin within thirty (30) days after fect to a penalty fee of \$25.	the time prescribed		ng to
ANNUAL REPORT	YEAR: <u>2008</u>			
1. ID No. <u>000155225</u>				
2. Exact Name of the Limited Liability Company East Coast Excavation, LLC				
3. State of Format	ion			
State:				
EXCAVATION 5. Principal Office	Address			
No. and Street:	<u>33 PINE STREET</u>			
City or Town:	PASCOAG	State: <u>RI</u>	Zip: <u>02859</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Com	pany and Name o	r Title of Contact	Person:
Contact Name: <u>ER</u> No. and Street:	ICA SIMANSKI Contact Tit 33 PINE STREET	le: <u>PRESIDENT</u>		
City or Town:	PASCOAG	State: <u>RI</u>	Zip: <u>02859</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Title Individual Name		Address	
<u> </u>	First, Middle, L	ast, Suffix	Address, City or Tow	n, State, Zip Code, Country
	IT IN RHODE ISLAND - Do Filing of Form 642 - R.I.			
ERICA L. SIMANSKI 33 PINE STREET PASCOAG , RI 02859				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 4 Day of September, 2008 at 5:18:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ERICA L. SIMANSKI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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