



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 2008

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. 000118440		2. Exact name of the limited liability company Fabcon LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Erection of prestressed concrete wall panels	
5. Principal office address 12520 Quentin Ave. S. #200		City Savage	State MN
		Zip 55378	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cathy Erickson		Contact Title Accountant	
Street Address 12520 Quentin Ave. S. #200		City Savage	State MN
		Zip 55378	
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) ☐			
Manager Name Michael L. Le Jeune		Manager Name Richard K. Wesen	
Street Address 12520 Quentin Ave. S. #200		Street Address Same	
City Savage	State MN	City Savage	State MN
Zip 55378		Zip 55378	
Manager Name Craig Wassenaar		Manager Name Thomas Kuckhaber	
Street Address Same		Street Address Same	
City Savage	State MN	City Savage	State MN
Zip 55378		Zip 55378	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corp System		Address 10 Weybosset Street	
Address 10 Weybosset Street		City Providence	Zip 02903

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.

Signature of Authorized Person: Craig G. Wassenaar Date: 7-29-08
Print or Type Name of Authorized Person: Craig G. Wassenaar

FILED
File Date: SEP 11 2008
Check No.: 067834
By: 1034
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