



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. 142699		2. Exact name of the limited liability company BUILDAAC, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUSINESS OF CONSTRUCTION, RENOVATION OF RESIDENTIAL & COMMERCIAL PROPERTY		
5. Principal office address 121 BELMONT DRIVE		City PORTSMOUTH	State RI	Zip 02871
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name GERALDINE D. GRANDE		Contact Title MEMBER		
Street Address 121 BELMONT DRIVE		City PORTSMOUTH	State RI	Zip 02871
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 GERALDINE D. GRANDE		Manager Name		
Street Address 121 BELMONT DRIVE		Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	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 ERIC P. CHAPPELL, ESQUIRE		Address 171 CHASE ROAD		
Address P.O. BOX 8		City PORTSMOUTH, RI		Zip 02871

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

142699

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.

Geraldine D. Grande
Signature of Authorized Person _____ Date _____
GERALDINE D. GRANDE
Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 17 2008
By:	By 2634
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