

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No.	2. Exact name of the li	mited lightly company					
122279	L. F. WARD CON						
3. State of Formation	4. Brief descri	4. Brief description of the character of the husiness which is actually conducted in Rhode Island					
RHODE ISLAND CONSTRUCTION MANAGEMENT CONS			CONSULTING SERVICES				
5. Principal office address	s		City	State	Zip		
67 ASH AVENUE			CRANSTON	RI	02910-		
6. MAILING ADDR	ESS OF LIMITED	Transfery Com	ANY AND NAME OR TITY	E OF CONTACT PER	BON 1		
Contact Name			Contact Title	•			
LAWRENCE F WAR	D		.Member				
Street Address			City	State	Zip		
67 ASH AVENUE			• CRANSTON	RI	02910-		
7. NAME AND AUD	RESS OF LACTEN	MANAGER OF THE	EDMINEST WARDERY CO	MPANY, IKAPPLIC			
a service of the serv			NG ATTACHMENTS ("X" BO				
Manager Name	NA CALIDARIA NA BOR		UIRES FILING OF AMENDMENT				
Manager Name	<u> </u>		•Manager Name				
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Street Address			Street Address	• Street Address			
City	State	Zip	*Citv	State	12:		
C ity	Siare	$^{z}\psi$	City	State	Zip		
Manager Name			*Manager Name	*Manager Name			
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City	State	Ζip	.City	State	Zip		
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8. RESIDENT AGENT	TE RECOUL ISEA:	VD=DO NOT ALTER-€	hanges require filing of	Form 642 . RJ.C.17	F6-11		
Agent Name			Address	Address			
JOHN S. DIBONA, ESQ.			145 PHENIX AV	145 PHENIX AVENUE			
.4ddress			City	Zi	ip .		
			CRANSTON)2920-		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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FOR SECRE	FARY 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.

LAWRENCE F. WARD, Member Print or Type Name of Authorized Person

Form 632 Rev. 12/05