RI SOS Filing Number: 200836394380 Date: 10/15/2008 4:00 PM

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 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. | 2. Exact name of the limited liability company |
|---|---|
| 147791 | Central Excavation, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Excavation and septic repair |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 142 Widow Sweets Road | Exeter | RI | 02822 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Robert Ferri | Member |

| Street Address | City | State | Zip |
|---|---|---|---|
| 142 Widow Sweets Road | Exeter | RI | 02822 |

**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 | Manager Name |
|---|---|
| Robert Ferri | |
| Street Address | Street Address |
| 142 Widow Sweets Rd. | |
| City: Exeter / State: RI / Zip: 02822 | 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 | Address | City | Zip |
|---|---|---|---|
| Robert Ferri | 142 Widow Sweets Road | Exeter, RI | 02882 |

2008 OCT 14 PM 12:00 RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION

2008 OCT 9 AM 11:12 RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION

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

147791

| | |
|---|---|
| File Date | FILED |
| Check No. | OCT 14 2008 |
| By: | By |

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.

Robert L Ferri — 10/3/08
*Signature of Authorized Person* — *Date*

Robert L Ferri
*Print or Type Name of Authorized Person*

Form 632 Rev. 07/07

27019-15-284781