



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Amended

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. 148782	2. Exact name of the limited liability company Resurrection Seal Coating LLC.		
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island CRACK FILLING, parking areas, maintenance and installation of paved driving surfaces, seal coating, patching etc.		
5. Principal office address 11 Edge St.		City West Warwick	State R.I.
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christopher Arcuri		Contact Title owner and operator/manager	
Street Address 11 Edge St.		City West Warwick	State R.I.
		Zip 02893	
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 Christopher Arcuri		Manager Name	
Street Address 11 Edge St.		Street Address	
City West Warwick	State R.I.	City	State
Zip 02893		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
Address		City	Zip

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

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CORPORATIONS DIV

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 Date 3-23-09

Christopher Arcuri 3-23-09
Print or Type Name of Authorized Person

FILED	
File Date	MAR 23 2009
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	