

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. /-16-66 (beye)) is subject to a penalty fee of \$25.00.

1 ID No 1 33425		a name of the limited tiability company ville Builders, L.L.C.				
3. State of Formation RHODE ISLAN		ion of the character of the hi CONTRACTOR, C	ness which is actually conducted in Rhode Island RPENTRY			
5 Principal office address 55 KENYON AVE		City: WAKEFIELD	State RI	<i>z</i> ψ 02879		
iontact Name	DRESS OF LIMITED LIAB ON GRANVILLE	ILITY COMPANY ANI	D NAME OR TITLE OF CONTAC Gontact Title MEMBER	T PERSON:		
Street Address			City	State	Zip	
Same as Office	e		•		1	
- "	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF APING ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NO</u> T FOR ATTACHMENT)		
7. NAME AND A	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF AP ING ATTACHMENTS ("X" BOX F Manager Name	PLICABLE - <u>DO NO'</u> FOR ATTACHMENT) [
7. NAME AND A	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	ING ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NO</u> T FOR ATTACHMENT)		
7. NAME AND A Manager Name Street Address	DDRESS OF EACH MANA	AGER OF THE LIMITE SPACES BEFORE USI	Manager Name	PLICABLE - DO NO'S FOR ATTACHMENT)		
7. NAME AND A Manager Name Street Address City	DDRESS OF EACH MANAFILL IN	SPACES BEFORE USI	Manager Name Street Address	FOR ATTACHMENT)]	
Same as Office 7. NAME AND A Manager Name Street Address City Manager Name Street Address	DDRESS OF EACH MANAFILL IN	SPACES BEFORE USI	Manager Name Street Address City	FOR ATTACHMENT)]	

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

133425

File Date	4-6-09
Check No.	2759
Ву:	mnc
	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.

Signature of Authorized Person

JAMES CARSON GRANVILLE

Print or Type Name of Authorized Person