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

2004

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. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No.	2. Exact name of the limited	act name of the limited liability company				
00-0097713	Dimascio Construction	scio Construction, LLC				
3. State of Formation			usiness which is actually conducte	ed in Rhode Island		
•	Operation of C	onstruction Busines	S			
RHODE ISLAND						
5. Principal office address			City	State	Zip	
44 Wayland Avenue			Cranston	RI	02920	
6. MAILING ADDRE	ESS OF LIMITED LIABILITY	COMPANY AND NAM	IE OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title			
Dennis Dimascio			Manager			
Street Address			City	State	Zip	
44 Wayland Avenu	ıe		Cranston	RI	02920	
7. NAME AND ADD	RESS OF EACH MANAGER	OF THE LIMITED LIA	ABILITY COMPANY, IF APPL	ICABLE - DO NOT LIST M	EMBERS	
	FILL IN SPACE	S BEFORE USING AT	TTACHMENTS ("X" BO)	(FOR ATTACHMENT)		
Manager Name			Manager Name			
Dennis P. Dimasci	io		1 B B			
Street Address			Street Address			
44 Wayland Avenu	ле		;			
City	State	Zip	City	State	Zip	
Cranston	RI	02920	;			
Manager Name			Manager Name			
Street Address			Street Address			
City ? >	State	Zip	City	State	Zip	
t_!	0		;			
8. RESIDENT AGE	NT IN RHODE ISLAND					
This information is co	unently of record in the Office	of the Secretary of Si	tate. Changes require filing of	Form 642 - R.I.G.L. 7-16-11		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	FILED
File Date	MAY 1 1 2009
Check No.	By OS
Ву:	039017
1 1 1	OR 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

Form 632 Rev. 08/08