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

2003

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.

prescribed by law (R.	I.G.L. 7-16-66 (D8	c)) is subjec	t to a penalty fee of \$7	25.00.		
1. ID No.	2. Exact name	of the limited li	ability company			
00-0097713	Dimascio Co	nstruction,	LLC			
3. State of Formation	4. Br	ief description	of the character of the bu	siness which is actually conduct	ed in Rhode Island	
	Oper	ation of Co	nstruction Business	;		
RHODE ISLAND	<u>i</u> i					
5. Principal office addre	ess			City	State	Zip
44 Wayland Avenue				Cranston	RI	02920
6. MAILING ADDRE Contact Name	SS OF LIMITED	LIABILITY C	OMPANY AND NAMI	E OR TITLE OF CONTACT Contact Title	PERSON:	
Dennis Dimascio				Manager		
Street Address				City	State	Zip
44 Wayland Avenue				Cranston	RI	02920
7. NAME AND ADDI	and the second s		OF THE LIMITED LIAN BEFORE USING ATT		LICABLE - <u>DO NOT LIST M</u> X FOR ATTACHMENT)	<u>EMBERS</u>
Manager Name				Manager Name		
Dennis P. Dimascio	,			1		
Street Address				Street Address	,	
44 Wayland Avenu	е			,		
City	s	tate	Zip	City	State	Zip
Cranston	J _R		02920			
Manager Name				Manager Name		
Street Adéress				Street Address		
City City	_ 	tate	Zip	City	State	Zip
	ë °			1	, out	-·P
8. RESIDENT AGEN	X. ITAN RHODE ISL	AND	. 	• 	.	ı
This information is cu	rrently of record in	the Office o	of the Secretary of Sta	te. Changes require filing of	Form 642 - R.I.G.L. 7-16-11	
Call G	<u>*</u>					

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

	FILED
	MAY 1 1 2009
В	• 1)
File Date	G SQ/VII
Check No.	08704/
BV	
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

Date

Print or Type Name of Authorized Person

Form 632 Rev. 08/08