



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 2009

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. 132318		2. Exact name of the limited liability company MELWICK BUILDERS LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Construction - Residential Housing	
5. Principal office address 50 Melbourn Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John J. Cooney		Contact Title Manager	
Street Address 50 Melbourn Rd.		City Warwick	State RI
		Zip 02886	
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 John J. Cooney		Manager Name	
Street Address 50 Melbourn Road		Street Address	
City Warwick	State RI	City	State
Zip 02886		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).

11:30

RECEIVED
SEP 10 2009
AM 11:30
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.

File Date	FILED
Check No.	SEP 10 2009
By:	By 9/598467
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person
John J. Cooney
Date
9-10-09
Print or Type Name of Authorized Person