

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040	

Limited Liability Company
Annual Report 2009
 Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2009	
1. ID No. <u>000144178</u>	
2. Exact Name of the Limited Liability Company <u>Country Meadow Contracting, LLC</u>	
3. State of Formation State: <u>RI</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>GENERAL CONTRACTING</u>	
5. Principal Office Address No. and Street: <u>16 COUNTRY MEADOW DRIVE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02921</u> Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>david a medici</u> Contact Title: <u>owner</u> No. and Street: <u>16 COUNTRY MEADOW DRIVE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02921</u> Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Name	Address <small>Address, City or Town, State, Zip Code, Country</small>
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>DAVID A. MEDICI 16 COUNTRY MEADOW DRIVE CRANSTON , RI 02921-</u>	
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)	
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: <u>david a medici</u> Business Name: <u>country meadow contracting llc</u> No. and Street: <u>16 country meadow drive</u> City or Town: <u>cranston</u> State: <u>ri</u> Zip: <u>02921</u> Country: <u>usa</u> Contact Phone: <u>401-821-8114</u> ext: Contact Email: <u>bg16country@yahoo.com</u>	

FILED

SEP 14 2009

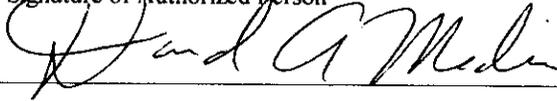
By 1694

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 8 Day of September, 2009 at 9:11:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By David A. Medici

Signature of Authorized Person



9/8/09

Make Corrections

Accept

Form No. 632
Revised 09/07

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