



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\* • **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.


1. ID No. <b>133026</b>		2. Exact name of the limited liability company <b>Branconier, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Perform repairs and of various types of heavy equipment at customer job site</b>			
5. Principal office address <b>5510 Post Road</b>		City <b>Charlestown</b>		State <b>RI</b>	Zip <b>02813</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Brad S. Branconier</b>		Contact Title <b>Owner</b>			
Street Address <b>5510 Post Road</b>		City <b>Charlestown</b>		State <b>RI</b>	Zip <b>02813</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address <b>N/A</b>		Street Address <b>N/A</b>			
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address <b>N/A</b>		Street Address <b>N/A</b>			
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

510474355

<b>FILED</b>	
File Date	<b>SEP 14 2009</b>
Check No.	<b>808</b>
By:	<b>By</b>
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  
**Brad S. Branconier**  
Print or Type Name of Authorized Person  
Date **9/9/09**