

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

1. ID No. 153737		t name of the limited liability company NDS CONSTRUCTION LLC				
3. State of Formation 4. Brief description of the character of the buss HOME BUILDING - RESIDENT		iness which is actually conducted in Rhode Island IAL				
5. Principal office address 602 MOUNT PLEASANT ROAD			Guy BURRILLVILLE	State RI	Zip 02830	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name KEVIN BRAND Street Address			ND NAME OR TITLE OF CONTACT Contact Title MEMBER	ME OR TITLE OF CONTACT PERSON: Contact Title		
602 MOUNT PLEASANT ROAD			City BURRILLVILLE	State RI	<i>Zip</i> 02830	
7. NAME AND ADDR	ESS OF EACH MAN FILL IN	AGER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF APPLING ATTACHMENTS ("X" BOX FO	ICABLE - <u>DO NO'</u> R ATTACHMENT)	T LIST MEMBERS	
Manager Name			Manager Name	· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Сиу	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is curr	IN RHODE ISLAND ently of record in the	Office of the Secretary	of State. Changes require filing of Fo	rm 642 - R.I.G.L. 7-1	 16-11	

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

153737

File Date FILED	;
Check No. SEP 2 4 2009	
By 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 surrect. Signature of Authorized Person

JOSEPH ROWEY

Print or Type Name of Authorized Person