



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. 000123492		2. Exact name of the limited liability company Swenson Granite Company LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail store in North Kingstown, RI selling stone landscaping products that we deliver and install on request from the customer			
5. Principal office address 369 North State Street		City Concord	State NH	Zip 03301	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Betty Kosowicz			Contact Title Admin. Asst.		
Street Address 369 North State Street		City Concord	State NH	Zip 03301	
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) <input type="checkbox"/>					
Manager Name Kevin Swenson			Manager Name Robert L. Pope		
Street Address 369 North State Street		Street Address 369 North State Street			
City Concord	State NH	Zip 03301	City Concord	State NH	Zip 03301
Manager Name Scott Herrick			Manager Name Marc Lussier		
Street Address 369 North State Street		Street Address 369 North State Street			
City Concord	State NH	Zip 03301	City Concord	State NH	Zip 03301
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).

000123492

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	9-25-09
Check No.	46406
By:	mmc
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: Kevin C. Swenson Date: 9/22/09
Print or Type Name of Authorized Person: Kevin C. Swenson