

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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_

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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 prescribe	ed hv law
(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.	a by turi

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	0,6		CONSTRUC	HION LLL			
3. State of Formation	The state of the s						
5. Principal office address 9 Bailey St. Cranston RI Cranston RI 02920 6. MALLING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OF TITLE OF CONTACT NETWORK							
5. Principal office address			0-	Čity	State	Zip	
9 Bailey St. Cranston RII			Cranston	R.I	02920		
The state of the s							
Contact Name Contact Title							
Street Address	F060	27					
			City	State	Zip		
9 Bailey				:Cran Ston	RI	02920	
7. NAME AND ADDR	RESS OF			LITY COMPANY, IF APPLICAB	LE - <u>DO NOT LIS</u>	T MEMBERS	
		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR ATT	ACHMENT)		
Manager Name				Manager Name	Manager Name		
				<u>.</u> :			
Street Address			Street Address				
City	Ī	State	Zip	City	State	Zip	
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Manager Name				Manager Name		• • • • • • • • • • • • • • • • • • • •	
Street Address			Street Address				
City		State	Zip	City	State	Zip	
9 DECIDENT ACENT	LN DIE	NDE ICLAND DO N			1	l	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name							
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Address							
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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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 Pers

10 - 07 - 09 Date

Edvardo A Lope
Print or Type Name of Authorized Person