

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

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

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.

144118 Urban Building Company, LLC			t name of the limited liability company						
3. State of Formation Rhode Island Residential and Commercial Construction 5. Principal office address 132 Shun Pike Anthony A. DiFazio Street Address 132 Shun Pike Anthony A. DiFazio Street Address FILL IN SPACES BEFORE USING ATTACHMENTS Street Address 132 Shun Pike Anthony A. DiFazio Street Address FILL IN SPACES BEFORE USING ATTACHMENTS Street Address 132 Shun Pike Anthony A. DiFazio Street Address FILL IN SPACES BEFORE USING ATTACHMENTS Street Address 132 Shun Pike Anthony A. DiFazio Street Address 132 Shun Pike City State Zip Namager Name Anthony A. DiFazio Street Address 132 Shun Pike City State Zip O2919 City State Zip O2919 City State Zip O2919	'	•							
Rhode Island 5. Principal office address 132 Shun Pike 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Plate Anthony A. DiFazio Street Address 132 Shun Pike 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) Manager Name Anthony A. DiFazio Street Address 132 Shun Pike Street Address 132 Shun Pike City Manager Name Anthony A. DiFazio Street Address 132 Shun Pike City Street Address 132 Shun Pike City Street Address 132 Shun Pike City State Zip O2919	Orban Banding Company, LEG								
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132 Shun Pike Johnston RI 02919		Residential and C	ommercial Construction						
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Anthony A. DiFazio Street Address 132 Shun Pike 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) Manager Name Anthony A. DiFazio Street Address 132 Shun Pike City Johnston State RI Zip O2919 City State RI Zip O2919	,		l "			l '			
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Johnston RI Zip 02919 City State Zip	Street Address		Street Address						
Johnston RI 02919	132 Shun Pike								
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Street Address Street Address	Street Address		Street Address						
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11		N RHODE ISLAND - DO	NOT ALTER - Changes	1 -	R.I.G.L. 7-1	6-11			
	, -		Address						
John S. DiBona, Esq. 145 Phenix Avenue	John S. DiBona, Esq	<u>1. </u>	145 Phenix Avenue						
Address City Zip	Address			•					
Cranston 02920				Cranston	02920				

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

144118

File Date _	FILED
Check No	OCT 0 8 2009
Ву:	By 1128
FC	OR 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

9-21-09

Anthony A. DiFazio,

Manager

Print or Type Name of Authorized Person