

A. Ralpb 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.

(R.I.G.L. 7-16-66 (b&τ))	is subject to a penalty fee of \$2	25.00.				
1. ID No.	2. Exact name of the limite			,		
159236	Kichard	C- Wa	fel Constr		LC	
3. State of Formation	4. Brief description	· .	business which is actually conducted in			
K.I	15051	dental (	construction.	Remodeling	·	
5. Principal office addre			City	State	Zip	
PO BOX 1001			BlockI	SIKI	02807	
6. MAILING ADDR	ESS OF LIMITED LIABI	LITY COMPANY A	ND NAME OR TITLE OF CONT	TACT PERSON:		
	1 ( 11) = -	S 1	Contact Title			
Street Address	X C 0021	2	City	Sole mem Ser City State Zip		
Richard C War-El Street Address Esbotts Hollow PO Box 1001			ol Block I	s RI	02807	
			TED LIABILITY COMPANY, IF	APPLICABLE - DO NOT	LIST MEMBERS	
	FILL IN S	SPACES BEFORE U	SING ATTACHMENTS ("X" BO	DX FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
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City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
musikager Hame			manager name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
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4	NT IN RHODE ISLAND	O.C C.41 C	o Court Observed to Gr	CH CA DIGI GA		
This information is c	currently of record in the c	Office of the Secreta	ry of State. Changes require filing	g of Form 642 - R.I.G.L. 7-16	)-11 <u>,,,</u>	
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	This report	must be executed by	an authorized person pursuant	t to R.I.G.L. 7-16-66 (b).	ω	

File Date	12-3-09
Check No.	A 2433 P 2434
Ву:	mne
F	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

Print or Type Name of Authorized Person

Form 632 Rev. 08/08