STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
113620	Straight Azzinaro Construction, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RESIDENTIAL CONSTRUCTION AND IMPROVEMENTS

5. Principal office address	City	State	Zip
same 33 Jacobson Trail	Ashaway	R.I.	02804

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Sam Azzinaro 33 Jacobson Trl Ashaway, RI 02804-2206	

Street Address	City	State	Zip

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
Sam Azzinaro 33 Jacobson Trl Ashaway, RI 02804-2206	

Street Address	Street Address

City	State	Zip	City	State	Zip

Manager Name	Manager Name
Sam Azzinaro 33 Jacobson Trl Ashaway, RI 02804-2206	

Street Address	Street Address

City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
SAMUEL J. AZZINARO	

Address	City	Zip
33 JACOBSON TRAIL	ASHAWAY	02804-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] [redacted]

113620

File Date 11/2/2

Check No. 1569

By:

FOR 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.

Samuel J Azzinaro 10/8/05

Signature of Authorized Person *Date*

[redacted]

Samuel J Azzinaro

Print or Type Name of Authorized Person

Form 632 Rev. 7/03