

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

Filing Period: Septen	nber 1	November 1 •	NY ANNUAL] Filing Fee: \$50.00	REPORT FOR T	THE YEAR	2004		
(FORM MUST BE TYPED								
1. ID No.	ľ	name of the limited liability company						
113620	Straigh	t Azzinaro Construction, LLC						
3. State of Formation 4. Brief description of the character of the business wh			character of the business whi	ich is actually conducted in Rho	de Island			
RHODE ISLAND RESIDENTIAL CONSTRUCTION AND IMPI			OVEMENTS					
5. Principal office address				City	State	Zip		
33 Jacobson Trail				Alana	R	I. 62804		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				OR TITLE OF CONTACT	PERSON:	L, 102801		
Contact Name				Contact Title				
Character Add	(/	16 Chon	<u>) </u>	: / M(5im)				
Street Address Sam Azzinon			Cit	State	Zip			
7. NAME AND ADDR	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	: LITY COMPANY, IF APP	I I CADY P	. 1		
		FILL IN SPACES	BEFORE USING ATTAC	CHMENTS ("X" BOX FO	LICABLE De attachmenti	L-4		
ANY	MODIF	ICATIONS TO MAN	AGERS REQUIRES FIL	INE OF AMENDMENT, R	JA <i>ATTACHMENT)</i> L.I.G.I., 7-16-12 (a)	· 다) (2) / 7-16-52		
Manager Name	_	1-3	. /	Manager Name		, (2), , 10-,2		
	21/	1 HLL	(Ver)	<u>:</u>				
Street Address				Street Address				
		Sirn	\leftarrow	Company of the Compan				
City		State	Zip	City	State	Zip		
Manager Name		• • • • • • • • • • • • • • • • • • • •	l	, }************************************	,			
and the second	to an angle of the second of the second		The same of the sa	Manager Name	_			
Street Address			· · · · · · · · · · · · · · · · · · ·	Street Address				
City		State	7.5					
Cuy		siate	Zip	City	State	Zip		
8. RESIDENT AGENT	IN RHC	DE ISLAND - DO N	OT ALTER - Changes	: require filing of Form (1 642 - R.I.G.I. 7-1 <i>6</i>	 		
Agent Name			3	Address	III.			
SAMUEL J. AZZINARO) 							
Address				City Zip		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.

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File Date _	9/30/04
Check No	1432
Ву:	DA
FC	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Signature of Authorized Pa

Print or Type Name of Authorized Person