



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 113620		2. Exact name of the limited liability company Straight Azzinaro Construction, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESIDENTIAL CONSTRUCTION AND IMPROVEMENTS			
5. Principal office address 33 Jacobson Trail		City Ashway	State RI	Zip 02804	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Samuel J Azzinaro			Contact Title Agent		
Street Address 33 Jacobson Trail		City Ashway	State RI	Zip 02804	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Samuel J Azzinaro			Manager's Name		
Street Address 33 Jacobson Trail			Street Address		
City Ashway	State RI	Zip 02804	City	State	Zip
Manager Name			Manager Name		
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 SAMUEL J. AZZINARO			Address		
Address 33 JACOBSON TRAIL			City ASHAWAY	Zip 02804	

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



* 1 1 3 6 2 0 *

File Date 10/20/03
Check No. 1338
By: [Signature]
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.

[Signature] 10/29/03
Signature of Authorized Person Date
Samuel J Azzinaro
Print or Type Name of Authorized Person