



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph 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 2010

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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 127604		2. Exact name of the limited liability company Breaking Ground, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Construction company	
5. Principal office address 30 Winton Street		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Samuel H. Batterson		Contact Title Manager	
Street Address 30 Winton Street		City Cranston	State RI
		Zip 02910	
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) <input type="checkbox"/>			
Manager Name Samuel H. Batterson		Manager Name	
Street Address 30 Winton Street		Street Address	
City Cranston	State RI	Zip 02910	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND.			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

2010 SEP 21 PM 12:54

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

127604

File Date	<b>FILED</b>
Check No.	SEP 21 2010
By	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 of Authorized Person: [Signature] Date: September 16, 2010  
Samuel H. Batterson, Manager  
Print or Type Name of Authorized Person