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	State of Rhode Island and Pr Office of the Secret			Fee: \$50.00
A 200	Division Of Busines	s Services		
	148 W. River			
	Providence RI 029	904-2615		
etary of Sta	(401) 222-30)40		
_imited Liability Com	npany			
Annual Report				
Filing Period: September 1	- November 1			
	. 7-16-66(d), each limited liability con			
7-16-66(b&c)) is subject to	thirty (30) days after the time prescrit a penalty fee of \$25.00.	ed by law (R.I	.G.L.	
ANNUAL REPORT YEAR				
1. ID No. 000509164	 {			
	- imited Liability Company Davos C	ontracting I		
		ontracting, L.	<u>L.C.</u>	
3. State of Formation				
State: <u>MA</u>				
contracting 5. Principal Office Addre				
5. Frincipal Office Addre	:55			
	EMORIAL DRIVE, SUITE 1F			
		State: <u>MA</u>	Zip: <u>02322</u>	Country: <u>USA</u>
City or Town: <u>AVO</u> 6. Mailing Address of Li	Mited Liability Company and Nam	e or Title of C	·	·
City or Town: <u>AVON</u> 6. Mailing Address of Li Contact Name: <u>JAMIE M</u>	N	e or Title of C	·	<u> </u>
City or Town: <u>AVON</u> 6. Mailing Address of Li Contact Name: <u>JAMIE M</u> No. and Street: <u>31 ME</u>	Mited Liability Company and Nam <u>IIKLOS</u> Contact Title: <u>OFFICE MAN</u> <u>EMORIAL DRIVE, SUITE 1F</u>	e or Title of C	·	n:
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City or Town: <u>AVON</u> 6. Mailing Address of Li Contact Name: <u>JAMIE M</u> No. and Street: <u>31 ME</u> City or Town: <u>AVON</u> 7. Name and Address of DO NOT LIST MEMBE Title	Mited Liability Company and Nam IIKLOS Contact Title: OFFICE MAN EMORIAL DRIVE, SUITE 1F N f Each Manager of the Limited Lia RS Individual Name First, Middle, Last, Suffix	e or Title of C AGER State: <u>MA</u> bility Compar	Contact Perso Zip: <u>02322</u> ny, if Applicat Address	n: Country: <u>USA</u>
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City or Town: <u>AVON</u> 6. Mailing Address of Li Contact Name: <u>JAMIE M</u> No. and Street: <u>31 ME</u> City or Town: <u>AVON</u> 7. Name and Address of DO NOT LIST MEMBE Title MANAGER	Mited Liability Company and Nam IIKLOS Contact Title: OFFICE MAN EMORIAL DRIVE, SUITE 1F N f Each Manager of the Limited Lia RS Individual Name First, Middle, Last, Suffix	e or Title of C AGER State: <u>MA</u> bility Compar	Zip: <u>02322</u> Ty, if Applicate Address ty or Town, State, MEMORIAL DRIV	n: Country: <u>USA</u> ble. Zip Code, Country E, SUITE 1F
City or Town: <u>AVON</u> 6. Mailing Address of Li Contact Name: <u>JAMIE M</u> No. and Street: <u>31 ME</u> City or Town: <u>AVON</u> 7. Name and Address of DO NOT LIST MEMBE Title MANAGER 8. RESIDENT AGENT IN	Mited Liability Company and Nam IIKLOS Contact Title: OFFICE MAN EMORIAL DRIVE, SUITE 1F N f Each Manager of the Limited Lia RS Individual Name First, Middle, Last, Suffix PAUL M DOWNING	e or Title of C AGER State: <u>MA</u> bility Compar	Zip: <u>02322</u> Ty, if Applicate Address ty or Town, State, MEMORIAL DRIV	n: Country: <u>USA</u> ble. Zip Code, Country E, SUITE 1F

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

Signed this 2 Day of June, 2011 at 12:53:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMIE MIKLOS Signature of Authorized Person

Form No. 632 Revised 09/07

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