



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

1. ID No. 000-270944		2. Exact name of the limited liability company BIGELOW AND FLEMING, LLC			
3. State of Formation MA		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION MANAGEMENT & GENERAL CONSTRUCTION			
5. Principal office address 14 NORFOLK AVENUE		City SOUTH EASTON	State MA	Zip 02375	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TAMMY GILLIS			Contact Title OFFICE MANAGER		
Street Address 14 NORFOLK AVENUE		City SOUTH EASTON	State MA	Zip 02375	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TALMAN BIGELOW			Manager Name KEVIN FLEMING		
Street Address 14 NORFOLK AVENUE		Street Address 14 NORFOLK AVENUE			
City SOUTH EASTON	State MA	Zip 02375	City SOUTH EASTON	State MA	Zip 02375
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					

**FILED**

JUL 18 2011

By Talman Bigelow  
TS

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

**000-270944**

2011 JUL 10 10:27

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.

Talman Bigelow 7/15/11  
Signature of Authorized Person Date

TALMAN Bigelow  
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY