RALPH MOIL	State of Rhode Isla Office of	and and Prov the Secretary		ONS Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Annual Report Filing Period: Septem				
file its annual report w	I.G.L. 7-16-66(d), each limite vithin thirty (30) days after the ect to a penalty fee of \$25.00	e time prescribed		y to
ANNUAL REPORT	'EAR: <u>2011</u>			
1. ID No. 000142454				
2. Exact Name of the Limited Liability Company COASTAL CONTRACTING, LLC				
3. State of Formation				
State: <u>RI</u>				
	of the Character of the Bu		s Actually Conduct	ted in Rhode Island
5. Principal Office	Address			
No. and Street:	255 SHORE ROAD			
City or Town:	WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: PE	TER RICE Contact Title:			
No. and Street:	255 SHORE ROAD			
City or Town:	<u>WESTERLY</u>	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual N	lame	Ad	ldress
First, Middle, Last, Suffix		, Suffix	Address, City or Town, State, Zip Code, Country	
	T IN RHODE ISLAND - DO I Filing of Form 642 - R.I.G.			
PETER RICE 255 SHORE ROAD WESTERLY, RI 02891-				
9. This report must	be executed by an author	ized person pu	suant to R.I.G.L. 7	-16-66 (b).

Signed this 1 Day of September, 2011 at 11:44:02 AM 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 <u>PETER RICE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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