



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 2011

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. 000154178		2. Exact name of the limited liability company Laser Dig LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Excavation			
5. Principal office address 7 Tallman Avenue		City East Providence		State RI	Zip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sergio Ferreira			Contact Title Treasurer		
Street Address 9 Tallman Avenue		City East Providence		State RI	Zip 02914
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 Mariano Ferreira			Manager Name Valdemira Ferreira		
Street Address 9 Tallman Avenue			Street Address 9 Tallman Avenue		
City East Providence		State RI	City East Providence		State RI
Zip 02914		City East Providence		State RI	Zip 02914
Manager Name			Manager Name		
Street Address			Street Address		
City		State	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					

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

000154178

FILED

File Date	SEP 13 2011
Check No.	By <i>[Signature]</i>
By:	2929
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] 9/12/2011
Signature of Authorized Person Date
Sergio F. Ferreira
Print or Type Name of Authorized Person