State of Rhode Island and Providence Plantations Office of the Secretary of State       Fer: State         Law W. River Street Providence RI 02904-2615 (401) 222-3040       State of Rhode Island and Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Flag Period: September 1 - November 1       In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or rofusing to River Street Providence RI 02904-2615         ANNUAL REPORT YEAR: 2011       In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or rofusing to River Street Providence RI 02904-2615         ANNUAL REPORT YEAR: 2011       In DNo. 000509164         1. ID No. 000509164       Intel Company Davos Contracting, L.L.C.         3. State of Formation State: MA       Intel Character of the Business Which is Actually Conducted in Rhode Island contracting         5. Principal Office Address River Mitter Mark M. Macharacter of the Business Which is Actually Conducted in Rhode Island contracting       Intel Mitter Mark Mark Mark Mark Mark Mark Mark Mar						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report Filing Period: September 1 - November 1         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.         ANNUAL REPORT YEAR: 2011         1. ID No.       000509164         2. Exact Name of the Limited Liability Company Davos Contracting, L.L.C.         3. State of Formation State: MA         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island contracting.         5. Principal Office Address         No. and Street:       31 MEMORIAL DRIVE, SUITE IF City or Town:         Contact Name:       JAMIE MIKLOS Contact Title:         OrFICE MANAGER No. and Street:       31 MEMORIAL DRIVE, SUITE IF City or Town:         Contact Name:       JAMIE MIKLOS Contact Title:         OFFICE MANAGER No. and Street:       31 MEMORIAL DRIVE, SUITE IF City or Town:         Atoms of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Itie       Individual Name         Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Itie       Individual Name         Firat, Middie, Last, Suffix       Address, City or Town. St	RALPH MOIL				Fee: \$50.00	
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing 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.         ANNUAL REPORT YEAR: 2011         1. ID No.       000509164         2. Exact Name of the Limited Liability Company Davos Contracting, L.L.C.         3. State of Formation         State: MA         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island contracting         5. Principal Office Address         No. and Street:       31 MEMORIAL DRIVE, SUITE IF City or Tow:         Avident Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       JAMIE MIKLOS Contact Title:         State: MA       Zip: 02322       Country: USA <td>A 200</td> <td>Division Of Busines</td> <td>s Services</td> <td></td> <td></td>	A 200	Division Of Busines	s Services			
(401) 222-3040         Imited Liability Company Panual Report         "Imited Liability Company Panual Report         "Imited Liability Company Pantity Patient Part In a recordance with R.I.G.L. 7-16-66(bk), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 1-666(bk)) is subject to a panalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000509164         2. Exact Name of the Limited Liability Company Davos Contracting, L.L.C.         3. State of Formation         State: MA         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island contracting         5. Principal Office Address         No. and Street:       31 MEMORIAL DRIVE, SUITE 1F City or Town: AVON         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contracting:       31 MEMORIAL DRIVE, SUITE 1F City or Town: AVON         5. Principal Office Address         No. and Street:       31 MEMORIAL DRIVE, SUITE 1F City or Town: AVON         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: JAMIE MIKLOS Contact Title: OFFICE MANAGER No. and Street:         31 MEMORIAL DRIVE, SUITE 1F City or Town: AVON         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         T						
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City or Town:       AVON       State: MA       Zip: 02322       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       JAMIE MIKLOS Contact Title:       OFFICE MANAGER         No. and Street:       31 MEMORIAL DRIVE, SUITE 1F         City or Town:       AVON       State: MA       Zip: 02322       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       PAUL M DOWNING       31 MEMORIAL DRIVE, SUITE 1F         AVON , MA 02322 USA       8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	No. and Street: 31 MF	MORIAL DRIVE SUITE 1F				
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City or Town:       AVON       State:       MA       Zip:       02322       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       PAUL M DOWNING       31 MEMORIAL DRIVE, SUITE 1F         AVON , MA 02322 USA       State:       State:         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       State:       Manager			AGER			
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       PAUL M DOWNING       31 MEMORIAL DRIVE, SUITE 1F AVON , MA 02322 USA         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       DO NOT ALTER			State: MA	Zip: 02322	Country: USA	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	MANAGER	PAUL M DOWNING	· · · · ·			
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	8. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER				
DANIEL CHAIKA 1215 RESERVOIR AVENUE, 2ND FLOOR CRANSTON , RI 02920			0041075	DI 00000		

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

**Signed this 21 Day of September, 2011 at 9:00:07 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 JAMIE MICKLOS Signature of Authorized Person

Form No. 632 Revised 09/07

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