

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 (here)) is subject to a penalty for a \$525.00

1. ID No. 128420		ct name of the limited hability company uilders, LLC					
3. State of Formation rhode Island 4. Brief description of the character of the bus Construction and Land Develop				isiness which is actually conducted in Rhode Island pment			
5. Principal office address 15 Robertson Road				City Narragansett	State RI	<i>Ζi</i> μ <b>02882</b>	
6. MAILING AD Contact Name Alexander J. P		TED LIABILI	ITY COMPANY AN	D NAME OR TITLE OF CONTACT  Contact Title  Member	PERSON:	<b>'</b> 9.	
Street Address 15 Robertson Road				<sup>City</sup> Narragansett	State RI	<i>Z</i> ф 02882	
7. NAME AND A	DDRESS OF EA	CH MANAG FILL IN SP	ER OF THE LIMITE ACES BEFORE USI	ED LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX F	LICABLE - DO NOT	LIST MEMBERS	
Manager Name				Manager Name			
Street Address				Street Address			
City:	State	e	Zip	City	State	Zíp	
Manager Name				Manager Name			
treet Address				Street Address			
Tity .	State	e	Zíp	City:	State	Zip	
	ENT IN RHODE	TELAND	ı	; <del>*</del>	<u>l</u>	<b>.</b>	

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

128420

	FILED
File Date	OCT 03 2011
Check No	
By:	7885
	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.

Print or Type Name of Authorized Person

Alexander J. Petrucci