



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.<br>141965   |       | 2. Exact name of the limited liability company<br>Balfour Beatty Military Housing Development LLC                     |             |              |     |
| 3. State of Formation<br>Delaware   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Military Housing |             |              |     |
| 5. Principal office address<br>10 Campus Blvd   |       | City<br>Newtown Square  | State<br>PA | Zip<br>19073 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |             |              |     |
| Contact Name<br>Jessica Chambers  |       | Contact Title<br>Paralegal  |             |              |     |
| Street Address<br>10 Campus Blvd  |       | City<br>Newtown Square  | State<br>PA | Zip<br>19073 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |             |              |     |
| Manager Name  |       | Manager Name  |             |              |     |
| Street Address  |       | Street Address  |             |              |     |
| City  | State | Zip   | City        | State        | Zip |
| Manager Name  |       | Manager Name  |             |              |     |
| Street Address  |       | Street Address  |             |              |     |
| City  | State | Zip   | City        | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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).

141965

FILED

|                                 |             |
|---------------------------------|-------------|
| File Date                       | OCT 03 2011 |
| Check No. By                    | <i>mmc</i>  |
| By:                             | 42625       |
| 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.

*Sharon Marcone* 9/26/11  
Signature of Authorized Person Date  
Sharon Marcone  
Print or Type Name of Authorized Person