



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. 147055		2. Exact name of the limited liability company Craftsmen Consulting & Construction, LLC					
3. State of Formation Rhode Island			4. Brief description of the character of the business which is actually conducted in Rhode Island Residential and Commercial Construction, Project Management				
5. Principal office address 106 Phillips Street			City North Kingstown		State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Catherine Fisher			Contact Title Office Manager				
Street Address 620 N. 14th Street			City Gunison		State CO	Zip 81230	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name			Manager Name				
Street Address			Street Address				
City		State	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City		State	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).

147055

FILED

File Date OCT 24 2011  
 Check No. By MNC  
 By: 1240  
 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.

Catherine Fisher 10/23/11  
 Signature of Authorized Person Date  
Catherine Fisher  
 Print or Type Name of Authorized Person