



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. KAPPA 00005, SECRETARY OF STATE
CORPORATIONS DIVISION
148 W. BAY STATE
PROVIDENCE, RI 02903-2037
(401) 222-3000

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)) is subject to a penalty fee of \$25.00.

1. ID No. 517042		2. Name of state of the limited liability company LGA Dynadec, LLC			
3. State of formation Rhode Island		4. Brief description of the character of the business which is carried on in or under the laws of Investments			
5. Principal office address 932 Paseo La Cresta			City Palos Verdes Estates	State CA	Zip 90274
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Chuck Huebner			Contact title Chairman, Board of Managers		
Street Address 932 Paseo La Cresta			City Palos Verdes Estates	State CA	Zip 90274
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 Chuck Huebner			Manager Name Robert Savoie		
Street Address 932 Paseo La Cresta			Street Address 16 Reliance Drive		
City Palos Verdes Estates	State CA	Zip 90274	City Bristol	State RI	Zip 02809
Manager Name Donald Peck			Manager Name		
Street Address 58 North Street			Street Address		
City Lexington	State MA	Zip 02420	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).

FILED

517042

OCT 31 2011

By 155552

DS

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]
Signature of Authorized Person

10/21/11
Date

Chuck Huebner, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____
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