

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 fee of \$25.00.

1. ID No. 109651	1	t name of the limited liability company AUDETTE & SON GENERAL CONTRACTOR, LLC			
3. State of Formation	4. Brief descrip GENERAL	tion of the character of the hust CONTRACTING	iness which is actually conducted in Rhode	island	
5. Principal office address 130 SANCTUARY ROAD			CHARLESTOWN	State RI	<i>Ζψ</i> 02813
6. MAILING ADDI Contact Name ROBERT ERIC		BILITY COMPANY AND	NAME OR TITLE OF CONTACT F Contact Title MANAGER	erson:	
Street Address 130 SANCTUARY ROAD			City CHARLESTOWN	State R1	<i>Ζір</i> 02813
			•	•	•
7. NAME AND AD		AGER OF THE LIMITED I SPACES BEFORE USIN	LIABILITY COMPANY, IF APPLI G ATTACHMENTS ("X" BOX FOR	CABLE - <u>DO NO</u> R ATTACHMENT)	<u>t list members</u>]
Manager Name	FILL IN				T LIST MEMBERS
Manager Name ROBERT ERIC Street Address	FILL IN		G ATTACHMENTS ("X" BOX FOF Manager Name		T LIST MEMBERS
Manager Name ROBERT ERIC Street Address 130 SANCTUAF	AUDETTE RY ROAD State		G ATTACHMENTS ("X" BOX FOF Manager Name NONE		Zip
Manager Name ROBERT ERIC Street Address 130 SANCTUAF	AUDETTE RY ROAD State	Zip	G ATTACHMENTS ("X" BOX FOF Manager Name NONE Sireet Address	RATTACHMENT) [
Manager Name ROBERT ERIC Street Address 130 SANCTUAF City CHARLESTOW Manager Name	AUDETTE RY ROAD State	Zip	G ATTACHMENTS ("X" BOX FOR Manager Name NONE Street Address City Manager Name	RATTACHMENT) [

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

109651
 FILED

File Date	OCT 31 2011
Check No.	By_mnc)
By:	13856
FO	R 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.

C. A. d. d. d. d. D.

Date

ROBERT ERIC AUDETTE, Member

Print or Type Name of Authorized Person