



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

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. 485678		2. Exact name of the limited liability company HEAVYSTAR EQUIPMENT BROKERAGE GROUP LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYER & SELLER OF CONSTRUCTION EQUIPMENT			
5. Principal office address 46 HILLTOP AVE		City PROVIDENCE	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Abimbola Gbolade		Contact Title C.E.O			
Street Address 46 HILLTOP AVE		City PROVIDENCE	State RI	Zip 02908	
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 Abimbola Gbolade		Manager Name			
Street Address 46 Hilltop Ave		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name			Address		
Address			City		Zip

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

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File Date	NOV 14 2011
Check No.	156463
By	BY
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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 of Authorized Person  
Date  
ABIMBOLA GBOLADE  
11-14-11  
Print or Type Name of Authorized Person